

| Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13 |
|------------------------------------------------------------------------------|
|                                                                              |

FILED
FEB 19 2019
UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA

19 - 26660 Check if this is an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Int 1: Identify Yourself                                                                                                  |                                                |                                               |
|----|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
|    |                                                                                                                           | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                                                                                            |                                                |                                               |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | First name  KELLY  Middle name                 | First name  Middle name                       |
|    | Bring your picture identification to your meeting with the trustee.                                                       | MANHING Last name                              | Last name                                     |
|    |                                                                                                                           | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |
|    |                                                                                                                           |                                                |                                               |
| 2. | All other names you have used in the last 8                                                                               | First name                                     | First name                                    |
|    | years                                                                                                                     |                                                |                                               |
|    | Include your married or maiden names.                                                                                     | Middle name                                    | Middle name                                   |
|    |                                                                                                                           | Last name .                                    | Last name                                     |
|    |                                                                                                                           | First name                                     | First name                                    |
|    |                                                                                                                           | Middle name                                    | Middle name                                   |
|    |                                                                                                                           | Last name                                      | Last name                                     |
|    |                                                                                                                           |                                                |                                               |
| 3. | Only the last 4 digits of your Social Security                                                                            | xxx - xx - <u>5</u> <u>6</u> <u>1</u> <u>0</u> | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer                                                                                  | OR                                             | OR                                            |
|    | Identification number<br>(ITIN)                                                                                           | 9 xx - xx                                      | 9 xx - xx                                     |

| Debtor 1 First Name Middle N                                                              | ame Last Name Ca                                                                                                                                    | se number (# known)                                                                                                                               |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Fits Name Wildsen                                                                         | ane Last Name                                                                                                                                       |                                                                                                                                                   |
|                                                                                           | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                     |
| Any business names     and Employer     Identification Numbers     (EIN) you have used in | I have not used any business names or EINs.                                                                                                         | ☐ I have not used any business names or EINs.                                                                                                     |
| the last 8 years                                                                          | Business name                                                                                                                                       | Business name                                                                                                                                     |
| doing business as names                                                                   | Business name                                                                                                                                       | Business name                                                                                                                                     |
|                                                                                           | EIN                                                                                                                                                 | EIN                                                                                                                                               |
|                                                                                           | EIN                                                                                                                                                 | EIN                                                                                                                                               |
| 5. Where you live                                                                         |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                         |
|                                                                                           | 16748 HARDY WAT                                                                                                                                     | Number Street                                                                                                                                     |
|                                                                                           | WEVADA CITY CA 95959  NEVADA                                                                                                                        | City State ZIP Code                                                                                                                               |
|                                                                                           | County                                                                                                                                              | County                                                                                                                                            |
|                                                                                           | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.        |
|                                                                                           | Number Street                                                                                                                                       | Number Street                                                                                                                                     |
|                                                                                           | P.O. Box                                                                                                                                            | P.O. Box                                                                                                                                          |
|                                                                                           | City State ZIP Code                                                                                                                                 | City . State ZIP Code                                                                                                                             |
| 6. Why you are choosing                                                                   | Check one:                                                                                                                                          | Check one:                                                                                                                                        |
| this district to file for<br>bankruptcy                                                   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition,</li> <li>I have lived in this district longer than in any other district.</li> </ul> |
|                                                                                           | I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                             | ☐ I have another reason. Explain.<br>(See 28 U.S.C. § 1408.)                                                                                      |
|                                                                                           |                                                                                                                                                     |                                                                                                                                                   |
|                                                                                           |                                                                                                                                                     |                                                                                                                                                   |
|                                                                                           |                                                                                                                                                     |                                                                                                                                                   |

| Debtor 1                                               |                                |                                                                                                        |                                                                                                                                                                                                               |                                                                          | Case number (# kn                                                                                                                                                              | nown)                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name Middle Na                                   | me                             | Last Name                                                                                              |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
|                                                        |                                |                                                                                                        |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| Part 2: Tell the Court Abo                             | ut Your B                      | ankrupt                                                                                                | cy Case                                                                                                                                                                                                       |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| 7. The chapter of the<br>Bankruptcy Code you           |                                |                                                                                                        | brief description of each                                                                                                                                                                                     |                                                                          |                                                                                                                                                                                | U.S.C. § 342(b) for Individuals Filing<br>le appropriate box.                                                                                                                                                                                                                                                                              |
| are choosing to file under                             | ☐ Cha                          | oter 7                                                                                                 |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| , ander                                                | ☐ Cha                          | oter 11                                                                                                |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| •                                                      | ☐ Cha                          | oter 12                                                                                                |                                                                                                                                                                                                               |                                                                          | •                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                            |
|                                                        | Cha                            | oter 13                                                                                                |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| 8. How you will pay the fee                            | loca your subr with  I nee App | court for self, you nitting you a pre-pried to payication for uest that aw, a judg than 150 the fee in | r more details about he may pay with cash, of pur payment on your he inted address.  y the fee in installment or Individuals to Pay Tate may fee be waived ge may, but is not recome on installments). If you | now you meashier's coehalf, you may guired to, write line the choose the | nay pay. Typicall theck, or money ur attorney may pur attorney may pur choose this op fee in Installme.  request this option aive your fee, a applies to you mis option, you m | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the nts (Official Form 103A).  Identify you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to just fill out the Application to Have the |
|                                                        | Cha                            | pter 7 <sub>.</sub> Fill                                                                               | ling Fee Waived (Offic                                                                                                                                                                                        | ial Form                                                                 | 103B) and file it                                                                                                                                                              | with your petition.                                                                                                                                                                                                                                                                                                                        |
| Have you filed for bankruptcy within the last 8 years? | No Yes.                        | District _                                                                                             |                                                                                                                                                                                                               | When                                                                     | MM / DD / YYYY                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |
|                                                        |                                | District _                                                                                             |                                                                                                                                                                                                               | When                                                                     | MM / DD / YYYY                                                                                                                                                                 | Case number                                                                                                                                                                                                                                                                                                                                |
| 10. Are any bankruptcy cases pending or being          | ₩ No                           |                                                                                                        | ***************************************                                                                                                                                                                       |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| filed by a spouse who is not filing this case with     | ☐ Yes.                         | Debtor _                                                                                               |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                | Relationship to you                                                                                                                                                                                                                                                                                                                        |
| you, or by a business partner, or by an affiliate?     |                                | District _                                                                                             | ·                                                                                                                                                                                                             | When                                                                     | MM / DD / YYYY                                                                                                                                                                 | Case number, if known                                                                                                                                                                                                                                                                                                                      |
|                                                        |                                | Debtor _                                                                                               |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                | Relationship to you                                                                                                                                                                                                                                                                                                                        |
|                                                        |                                | District _                                                                                             |                                                                                                                                                                                                               | When                                                                     | MM / DD / YYYY                                                                                                                                                                 | Case number, if known                                                                                                                                                                                                                                                                                                                      |
| 11. Do you rent your residence?                        | No.  Yes.                      | Go to line                                                                                             | ne 12.<br>Ir landlord obtained an e                                                                                                                                                                           | viction judg                                                             |                                                                                                                                                                                | ?                                                                                                                                                                                                                                                                                                                                          |
| ·<br>!                                                 |                                |                                                                                                        | Go to line 12.                                                                                                                                                                                                |                                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
| •                                                      |                                |                                                                                                        | Fill out <i>Initial Statement</i> of this bankruptcy petition                                                                                                                                                 |                                                                          | Eviction Judgment                                                                                                                                                              | Against You (Form 101A) and file it as                                                                                                                                                                                                                                                                                                     |
| ·                                                      |                                |                                                                                                        |                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                | er en                                                                                                                                                                                                                                                                                                  |

| Del      | otor 1                                            | First Name                                                                | Middle Nam             |                    | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Case number (# known)                                                     |
|----------|---------------------------------------------------|---------------------------------------------------------------------------|------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|          |                                                   | rust Name                                                                 | WILGOIE IN AIT         | ie                 | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |
| Pa       | rt 3:                                             | Report Abo                                                                | ut Any E               | Business           | es You Own as a So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | le Proprietor                                                             |
| 12.      |                                                   | u a sole pro<br>full- or part                                             |                        |                    | Go to Part 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | usiness                                                                   |
| ļ<br>ļ   | A sole p                                          | roprietorship i                                                           |                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                         |
| !<br>!   | individua<br>separate<br>a corpor                 | s you operate<br>al, and is not a<br>e legal entity s<br>ation, partner   | ı<br>uch as            |                    | Name of business, if any  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |
| i        | •                                                 | ave more than                                                             |                        |                    | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |
| 1        | separate                                          | prietorship, use<br>sheet and at                                          |                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
|          | to this p                                         | etition.                                                                  |                        |                    | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State ZIP Code                                                            |
|          |                                                   |                                                                           |                        |                    | Check the appropriate be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ox to describe your business:                                             |
| ,        |                                                   |                                                                           |                        |                    | ☐ Health Care Busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ss (as defined in 11 U.S.C. § 101(27A))                                   |
| 1        |                                                   |                                                                           |                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | state (as defined in 11 U.S.C. § 101(51B))                                |
| !<br>    |                                                   |                                                                           |                        |                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ned in 11 U.S.C. § 101(53A))                                              |
|          |                                                   |                                                                           |                        |                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | as defined in 11 U.S.C. § 101(6))                                         |
| <u> </u> |                                                   |                                                                           |                        |                    | None of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |
| 13.      | Chapte<br>Bankru<br>are you<br>debtor<br>For a de | finition of <i>sma</i>                                                    | and<br>siness          | most recany of the | appropriate deadlines. If yent balance sheet, stater lesse documents do not extended the state of the state o |                                                                           |
|          |                                                   | s <i>debtor</i> , see<br>C. § 101(51D)                                    | •                      | ☐ No.              | I am filing under Chapter the Bankruptcy Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r 11, but I am NOT a small business debtor according to the definition in |
|          |                                                   |                                                                           |                        | ☐ Yes.             | I am filing under Chapter<br>Bankruptcy Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r 11 and I am a small business debtor according to the definition in the  |
| Pa       | rt 4:                                             | Report if Yo                                                              | u Own                  | or Have            | Any Hazardous Prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | erty or Any Property That Needs Immediate Attention                       |
| 14.      | propert<br>alleged<br>of imm<br>identifi          | own or have<br>ty that pose<br>I to pose a to<br>inent and<br>able hazard | s or is<br>hreat<br>to | No Yes.            | What is the hazard?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |
|          | Or do y<br>proper<br>immed                        | health or sa<br>/ou own any<br>ty that need<br>iate attentic              | /<br>s<br>n?           |                    | If immediate attention is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s needed, why is it needed?                                               |
|          | perishab<br>that mus                              | mple, do you o<br>ple goods, or li<br>st be fed, or a<br>ds urgent repa   | vestock<br>building    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
| ,        |                                                   |                                                                           |                        |                    | Where is the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Number Street                                                             |
| 1        |                                                   |                                                                           |                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                         |
|          |                                                   | n -                                                                       |                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State ZIP Code                                                       |

| Jer | otor 1 First Name                                                                     | Middle Nar             | ne                                          | Last Name                                                  |                                                                                                                                                         | Cas                                   | se numb | er (if known)                                                                      |                                                                                                                                                                                       |
|-----|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                       |                        |                                             |                                                            |                                                                                                                                                         |                                       |         |                                                                                    |                                                                                                                                                                                       |
| Pa  | rt 5: Explain \                                                                       | our Effort             | s to Rece                                   | ive a Bri                                                  | efing About Credit (                                                                                                                                    | Counseling                            |         |                                                                                    |                                                                                                                                                                                       |
| 15. | Tell the court w                                                                      | hether                 | About De                                    | ebtor 1:                                                   |                                                                                                                                                         |                                       | Abo     | out Debtor 2 (Sp                                                                   | ouse Only in a Joint Case):                                                                                                                                                           |
|     | you have receive briefing about of                                                    |                        | You must                                    | check one                                                  | ):                                                                                                                                                      |                                       | You     | ı must check one                                                                   | r                                                                                                                                                                                     |
|     | Counseling.  The law requires the receive a briefing a counseling before              | bout credit            | filed t<br>certifi                          | seling age<br>his bankri<br>cate of co                     | •                                                                                                                                                       | s before I<br>ceived a                |         | counseling age                                                                     | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>mpletion.                                                                     |
|     | bankruptcy. You m<br>truthfully check on                                              | ust<br>e of the        |                                             |                                                            | the certificate and the p<br>you developed with the                                                                                                     |                                       |         |                                                                                    | the certificate and the payment you developed with the agency.                                                                                                                        |
|     | following choices.<br>cannot do so, you<br>eligible to file.                          | are not                | couns<br>filed t                            | seling age                                                 | efing from an approved<br>ncy within the 180 day<br>uptcy petition, but I do<br>mpletion.                                                               | s before I                            |         | counseling age                                                                     | ring from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.                                                                  |
|     | If you file anyway,<br>can dismiss your c<br>will lose whatever<br>you paid, and your | ase, you<br>filing fee |                                             | UST file a                                                 | fter you file this bankrup<br>copy of the certificate a                                                                                                 |                                       |         | •                                                                                  | fter you file this bankruptcy petition, copy of the certificate and payment                                                                                                           |
|     | can begin collectio<br>again.                                                         |                        | servio<br>unabl<br>days<br>circui           | ces from a<br>le to obtain<br>after I mad                  | sked for credit counse<br>n approved agency, b<br>n those services durin<br>de my request, and exi<br>merit a 30-day tempor<br>ent.                     | ut was<br>g the 7<br>gent             |         | services from a<br>unable to obtai<br>days after I mad                             | sked for credit counseling<br>n approved agency, but was<br>n those services during the 7<br>de my request, and exigent<br>merit a 30-day temporary waiver<br>ent.                    |
|     |                                                                                       |                        | requir<br>what e<br>you w<br>bankr          | ement, atta<br>efforts you<br>ere unable<br>uptcy, and     | day temporary waiver of<br>ach a separate sheet ex<br>made to obtain the brie<br>to obtain it before you t<br>what exigent circumstal<br>ile this case. | plaining<br>îng, why<br>ïled for      |         | requirement, atta<br>what efforts you<br>you were unable                           | lay temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances ile this case.              |
|     |                                                                                       |                        | dissat                                      | isfied with                                                | ne dismissed if the court<br>your reasons for not rec<br>ou filed for bankruptcy.                                                                       |                                       |         | dissatisfied with                                                                  | oe dismissed if the court is<br>your reasons for not receiving a<br>ou filed for bankruptcy.                                                                                          |
|     |                                                                                       |                        | If the still re<br>You m<br>agend<br>develo | court is sat<br>ceive a bri<br>nust file a c<br>y, along w | isfied with your reasons<br>efing within 30 days afte<br>certificate from the appro<br>ith a copy of the payme<br>y. If you do not do so, yo            | er you file.<br>oved<br>nt plan you   |         | If the court is sat<br>still receive a bri<br>You must file a c<br>agency, along w | isfied with your reasons, you must<br>efing within 30 days after you file.<br>ertificate from the approved<br>ith a copy of the payment plan you<br>/. If you do not do so, your case |
|     |                                                                                       | -                      | Any e                                       | xtension o                                                 | f the 30-day deadline is<br>nd is limited to a maxim                                                                                                    | •                                     |         | Any extension of                                                                   | the 30-day deadline is granted nd is limited to a maximum of 15                                                                                                                       |
|     |                                                                                       |                        |                                             |                                                            | ed to receive a briefinging because of:                                                                                                                 | about                                 |         | l am not require<br>credit counseli                                                | ed to receive a briefing about<br>ng because of:                                                                                                                                      |
|     |                                                                                       |                        | ☐ In                                        | capacity.                                                  | I have a mental illness<br>deficiency that makes<br>incapable of realizing or<br>rational decisions about                                               | me<br>or making                       |         | ☐ Incapacity.                                                                      | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                                      |
|     |                                                                                       |                        | ☐ Di                                        | sability.                                                  | My physical disability of<br>to be unable to particip<br>briefing in person, by p<br>through the internet, e<br>reasonably tried to do                  | oate in a<br>ohone, or<br>ven after l |         | ☐ Disability.                                                                      | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                      |
|     |                                                                                       |                        | ☐ Ad                                        | ctive duty.                                                | I am currently on active duty in a military comb                                                                                                        |                                       |         | ☐ Active duty.                                                                     | I am currently on active military duty in a military combat zone.                                                                                                                     |
|     |                                                                                       |                        |                                             |                                                            | u are not required to rec<br>edit counseling, you mu                                                                                                    |                                       |         | lf you believe yo<br>briefing about cr                                             | u are not required to receive a<br>edit counseling, you must file a                                                                                                                   |

motion for waiver of credit counseling with the court.

motion for waiver of credit counseling with the court.

| Debtor 1 First Name Middle Nar                         | me Last Name                                                                                     | Case number (# knot                                                                                        | wn)                                                                       |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                        |                                                                                                  |                                                                                                            |                                                                           |
| Part 6: Answer These Que                               | stions for Reporting Purpo                                                                       | SAS                                                                                                        |                                                                           |
| 16. What kind of debts do                              | 16a. Are your debts prima                                                                        | arily consumer debts? Consumer debt                                                                        |                                                                           |
| you have?                                              | No. Go to line 16b.                                                                              | ual primarily for a personal, family, or hous                                                              | enola purpose."                                                           |
|                                                        | Yes. Go to line 17.                                                                              |                                                                                                            |                                                                           |
|                                                        |                                                                                                  | arily business debts? Business debts a<br>investment or through the operation of the                       |                                                                           |
|                                                        | No. Go to line 16c.                                                                              |                                                                                                            |                                                                           |
|                                                        | Yes. Go to line 17.                                                                              | •                                                                                                          |                                                                           |
|                                                        | 16c. State the type of debts yo                                                                  | ou owe that are not consumer debts or bus                                                                  | iness debts.                                                              |
| 17. Are you filing under<br>Chapter 7?                 | No. I am not filing under 0                                                                      | Chapter 7. Go to line 18.                                                                                  |                                                                           |
| Do you estimate that after                             |                                                                                                  | pter 7. Do you estimate that after any exenses are paid that funds will be available to                    |                                                                           |
| any exempt property is<br>excluded and                 | □ No                                                                                             | ses are paid that funds will be available to                                                               | distribute to drisecured creditors?                                       |
| administrative expenses<br>are paid that funds will be | Yes                                                                                              |                                                                                                            |                                                                           |
| available for distribution to unsecured creditors?     |                                                                                                  |                                                                                                            |                                                                           |
| 18. How many creditors do                              | 1-49                                                                                             | <b>1</b> ,000-5,000                                                                                        | <b>2</b> 5,001-50,000                                                     |
| you estimate that you owe?                             | 50-99                                                                                            | 5,001-10,000                                                                                               | <b>5</b> 0,001-100,000                                                    |
| OWC:                                                   | ☐ 100-199<br>☐ 200-999                                                                           | 10,001-25,000                                                                                              | ☐ More than 100,000                                                       |
| 19. How much do you                                    | <b>_</b> , \$0-\$50,000                                                                          | ☐ \$1,000,001-\$10 million                                                                                 | ☐ \$500,000,001-\$1 billion                                               |
| estimate your assets to<br>be worth?                   | \$50,001-\$100,000                                                                               | \$10,000,001-\$50 million \$50,000,001-\$100 million                                                       | ☐ \$1,000,000,001-\$10 billion<br>☐ \$10,000,000,001-\$50 billion         |
|                                                        | \$500,001-\$1 million                                                                            | \$100,000,001-\$500 million                                                                                | More than \$50 billion                                                    |
| 20. How much do you                                    | \$0-\$50,000                                                                                     | ☐ \$1,000,001-\$10 million                                                                                 | □ \$500,000,001-\$1 billion                                               |
| estimate your liabilities to be?                       | \$50,001-\$100,000<br>\$100,001-\$500,000                                                        | ☐ \$10,000,001-\$50 million<br>☐ \$50,000,001-\$100 million                                                | ☐ \$1,000,000,001-\$10 billion<br>☐ \$10,000,000,001-\$50 billion         |
|                                                        | \$500,001-\$1 million                                                                            | \$100,000,001-\$500 million                                                                                | More than \$50 billion                                                    |
| Part 7: Sign Below                                     |                                                                                                  |                                                                                                            |                                                                           |
| For you                                                | I have examined this petition, correct.                                                          | and I declare under penalty of perjury that                                                                | the information provided is true and                                      |
|                                                        |                                                                                                  | Chapter 7, I am aware that I may proceed,<br>. I understand the relief available under ea                  |                                                                           |
|                                                        |                                                                                                  | and I did not pay or agree to pay someone<br>d and read the notice required by 11 U.S.C                    |                                                                           |
|                                                        | •                                                                                                | with the chapter of title 11, United States C                                                              | •                                                                         |
|                                                        | I understand making a false st<br>with a bankruptcy case can re-<br>18 U.S.C. §§ 152, 1341, 1519 | tatement, concealing property, or obtaining<br>sult in fines up to \$250,000, or imprisonme<br>, and 3571. | money or property by fraud in connection ent for up to 20 years, or both. |
|                                                        | * DAVE MA                                                                                        | wing x                                                                                                     |                                                                           |
|                                                        | Signature of Debtor 1                                                                            | Signature                                                                                                  | e of Debtor 2                                                             |
|                                                        | Executed on W/ (F)                                                                               | Z819 Executed                                                                                              |                                                                           |
|                                                        | MM / DD                                                                                          | / Y Y Y Y                                                                                                  | MM / DD /YYYY                                                             |

| ebtor 1 First Name Middle Name                      | a Last Name                                                                                                                                                                                                                                                          | Case number (# known)                                                                              |                                                                                                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|                                                     | - www.inguire                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                                            |
| or your attorney, if you are presented by one       | I, the attorney for the debtor(s) named in this pe<br>to proceed under Chapter 7, 11, 12, or 13 of title<br>available under each chapter for which the pers<br>the notice required by 11 U.S.C. § 342(b) and, i<br>knowledge after an inquiry that the information i | e 11, United States Code, an<br>on is eligible. I also certify th<br>n a case in which § 707(b)(4) | d have explained the relief<br>at I have delivered to the debtor(s)<br>(D) applies, certify that I have no |
| y an attorney, you do not<br>eed to file this page. | xhowledge after an inquiry that the information i                                                                                                                                                                                                                    | Date                                                                                               | petition is incorrect.                                                                                     |
|                                                     | Signature of Attorney for Debtor                                                                                                                                                                                                                                     |                                                                                                    | MM / DD /YYYY                                                                                              |
|                                                     |                                                                                                                                                                                                                                                                      |                                                                                                    | ,                                                                                                          |
|                                                     | Printed name                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                            |
|                                                     | Firm name ·                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                            |
|                                                     | Number Street                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                                            |
|                                                     |                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                                            |
|                                                     | OL.                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                                            |
|                                                     | City .                                                                                                                                                                                                                                                               | State                                                                                              | ZIP Code                                                                                                   |
|                                                     | Contact above                                                                                                                                                                                                                                                        | Constitutions                                                                                      |                                                                                                            |
|                                                     | Contact phone                                                                                                                                                                                                                                                        | Email address                                                                                      |                                                                                                            |
|                                                     |                                                                                                                                                                                                                                                                      |                                                                                                    | -                                                                                                          |
|                                                     | Bar number                                                                                                                                                                                                                                                           | State                                                                                              |                                                                                                            |
|                                                     |                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                                            |
|                                                     |                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                                            |

| Debtor 1                                        | First Name                                                     | <b>M</b> iddle Name | Last Name                                                                                                                                                                  | Ca                                                                                                                                                                                        | se number (# known)                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------|----------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| bankrupt<br>attorney<br>If you are<br>an attorn | f you are fili<br>cy without a<br>e represente<br>ey, you do i | an<br>ed by<br>not  | should understand that<br>themselves successfu<br>consequences, you are<br>To be successful, you mu                                                                        | at many people find it e<br>illy. Because bankrupto<br>e strongly urged to hire<br>ust correctly file and handle                                                                          | e your bankruptcy case. The rules are very                                                                                                                                                                                                                                                                                                        |
| need to fi                                      | ile this page                                                  | <b>.</b>            | dismissed because you d<br>hearing, or cooperate with<br>firm if your case is selected                                                                                     | lid not file a required docur<br>h the court, case trustee, L                                                                                                                             | rights. For example, your case may be ment, pay a fee on time, attend a meeting or J.S. trustee, bankruptcy administrator, or audit s, you could lose your right to file another nefit of the automatic stay.                                                                                                                                     |
|                                                 |                                                                |                     | court. Even if you plan to<br>in your schedules. If you<br>property or properly claim<br>also deny you a discharge<br>case, such as destroying<br>cases are randomly audit | pay a particular debt outsi<br>do not list a debt, the debt<br>n it as exempt, you may no<br>e of all your debts if you do<br>or hiding property, falsifyir<br>ed to determine if debtors | edules that you are required to file with the de of your bankruptcy, you must list that debt may not be discharged. If you do not list to be able to keep the property. The judge can be something dishonest in your bankruptcying records, or lying. Individual bankruptcy have been accurate, truthful, and complete.  be fined and imprisoned. |
|                                                 |                                                                |                     | hired an attorney. The co<br>successful, you must be t<br>Bankruptcy Procedure, ar                                                                                         | urt will not treat you differe<br>familiar with the United Sta                                                                                                                            | rects you to follow the rules as if you had ently because you are filing for yourself. To be attes Bankruptcy Code, the Federal Rules of urt in which your case is filed. You must also                                                                                                                                                           |
|                                                 |                                                                |                     | consequences?                                                                                                                                                              | for bankruptcy is a serious                                                                                                                                                               | action with long-term financial and legal                                                                                                                                                                                                                                                                                                         |
|                                                 |                                                                |                     |                                                                                                                                                                            | ruptcy fraud is a serious cri<br>you could be fined or imp                                                                                                                                | ime and that if your bankruptcy forms are<br>risoned?                                                                                                                                                                                                                                                                                             |
|                                                 |                                                                |                     | No Yes. Name of Person_                                                                                                                                                    |                                                                                                                                                                                           | attorney to help you fill out your bankruptcy forms?                                                                                                                                                                                                                                                                                              |
|                                                 |                                                                |                     | By signing here, I acknow                                                                                                                                                  | vledge that I understand th                                                                                                                                                               | Declaration, and Signature (Official Form 119).  The risks involved in filing without an attorney. If are that filing a bankruptcy case without an                                                                                                                                                                                                |
|                                                 |                                                                |                     | attorney may cause me to                                                                                                                                                   | o lose my rights or property                                                                                                                                                              | y if I do not properly handle the case.                                                                                                                                                                                                                                                                                                           |
|                                                 |                                                                | ·                   | Signature of Debtor 1  Date 07/15/                                                                                                                                         | 2019                                                                                                                                                                                      | Signature of Debtor 2  Date                                                                                                                                                                                                                                                                                                                       |
|                                                 |                                                                |                     | MM / DD 17                                                                                                                                                                 | 478 0709                                                                                                                                                                                  | MM / DD / YYYY  Contact phone                                                                                                                                                                                                                                                                                                                     |
|                                                 |                                                                |                     | Cell phone                                                                                                                                                                 |                                                                                                                                                                                           | Cell phone                                                                                                                                                                                                                                                                                                                                        |
|                                                 |                                                                |                     | Email address                                                                                                                                                              |                                                                                                                                                                                           | Email address                                                                                                                                                                                                                                                                                                                                     |

| Fill in this information to identify your case and                                                                                       | d this filing:                                                                                                                                                                                                                                     |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Debtor 1                                                                                                                                 |                                                                                                                                                                                                                                                    |                                                                                                   |
| First Name Middle Name                                                                                                                   | Last Name                                                                                                                                                                                                                                          |                                                                                                   |
| Debtor 2 (Spouse, if filing) First Name Middle Name                                                                                      | Last Name                                                                                                                                                                                                                                          |                                                                                                   |
| United States Bankruptcy Court for the:                                                                                                  | District of                                                                                                                                                                                                                                        |                                                                                                   |
|                                                                                                                                          | (State)                                                                                                                                                                                                                                            |                                                                                                   |
| Case number                                                                                                                              | · ·                                                                                                                                                                                                                                                | ☐ Check if this is an                                                                             |
|                                                                                                                                          |                                                                                                                                                                                                                                                    | amended filing                                                                                    |
| Official Form 106A/B                                                                                                                     |                                                                                                                                                                                                                                                    |                                                                                                   |
|                                                                                                                                          | .4                                                                                                                                                                                                                                                 |                                                                                                   |
| Schedule A/B: Prope                                                                                                                      | erty                                                                                                                                                                                                                                               | 12/15                                                                                             |
| category where you think it fits best. Be as coresponsible for supplying correct information write your name and case number (if known). | items. List an asset only once. If an asset fits in more omplete and accurate as possible. If two married people. If more space is needed, attach a separate sheet to the Answer every question.  Iing, Land, or Other Real Estate You Own or Have | e are filing together, both are equally<br>is form. On the top of any additional pages,           |
| 1. Do you own or have any legal or equitable i                                                                                           | nterest in any residence, building, land, or similar prop                                                                                                                                                                                          | erty?                                                                                             |
| □ No. Go to Part 2.                                                                                                                      | nelest in any residence, building, land, or similar prop                                                                                                                                                                                           | arty:                                                                                             |
| Yes. Where is the property?                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                   |
|                                                                                                                                          | What is the property? Check all that apply.                                                                                                                                                                                                        | Do not deduct secured claims or exemptions. Put                                                   |
| 11 16748 HARRY W                                                                                                                         | AY Single-family home                                                                                                                                                                                                                              | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |
| Street address, if available, or other description                                                                                       | Duplex or multi-unit building Condominium or cooperative                                                                                                                                                                                           |                                                                                                   |
|                                                                                                                                          | Manufactured or mobile home                                                                                                                                                                                                                        | Current value of the Current value of the entire property? portion you own?                       |
|                                                                                                                                          | Land                                                                                                                                                                                                                                               | \$ 360,000°\$                                                                                     |
| NEVADA CITY CA 95                                                                                                                        | 959 Investment property                                                                                                                                                                                                                            | Describe the nature of your aumerchin                                                             |
| City State ZIP C                                                                                                                         | Code Timeshare  Other                                                                                                                                                                                                                              | Describe the nature of your ownership<br>interest (such as fee simple, tenancy by                 |
|                                                                                                                                          |                                                                                                                                                                                                                                                    | the entireties, or a life estate), if known.                                                      |
| Court                                                                                                                                    | Who has an interest in the property? Check one.  Debtor 1 only                                                                                                                                                                                     | FEE SIMPLE                                                                                        |
| County                                                                                                                                   | Debtor 2 only                                                                                                                                                                                                                                      | •                                                                                                 |
| County                                                                                                                                   | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                         | ☐ Check if this is community property                                                             |
| 1                                                                                                                                        | lacksquare At least one of the debtors and another                                                                                                                                                                                                 | (see instructions)                                                                                |
| 1                                                                                                                                        | Other information you wish to add about this it<br>property identification number:                                                                                                                                                                 | em, such as local                                                                                 |
| If you own or have more than one, list here:                                                                                             | property identification further.                                                                                                                                                                                                                   |                                                                                                   |
| 1                                                                                                                                        | What is the property? Check all that apply.                                                                                                                                                                                                        | Do not deduct secured claims or exemptions. Put                                                   |
|                                                                                                                                          | Single-family home                                                                                                                                                                                                                                 | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |
| 1.2. Street address, if available, or other description                                                                                  | Duplex or multi-unit building                                                                                                                                                                                                                      |                                                                                                   |
| •                                                                                                                                        | ☐ Condominium or cooperative ☐ Manufactured or mobile home                                                                                                                                                                                         | Current value of the entire property? Current value of the portion you own?                       |
|                                                                                                                                          | —    Land                                                                                                                                                                                                                                          | e e e                                                                                             |
|                                                                                                                                          | ☐ Investment property                                                                                                                                                                                                                              | ¥                                                                                                 |
| City State ZIPC                                                                                                                          |                                                                                                                                                                                                                                                    | Describe the nature of your ownership<br>interest (such as fee simple, tenancy by                 |
|                                                                                                                                          | <b>U</b> Other                                                                                                                                                                                                                                     | the entireties, or a life estate), if known.                                                      |
|                                                                                                                                          | Who has an interest in the property? Check one.                                                                                                                                                                                                    |                                                                                                   |
| !<br>                                                                                                                                    | Debtor 1 only                                                                                                                                                                                                                                      |                                                                                                   |
| County                                                                                                                                   | ──                                                                                                                                                                                                                                                 | ☐ Check if this is community property                                                             |
| 1                                                                                                                                        | At least one of the debtors and another                                                                                                                                                                                                            | (see instructions)                                                                                |
| }                                                                                                                                        | Other information you wish to add about this ite                                                                                                                                                                                                   | m, such as local                                                                                  |
| 1                                                                                                                                        | property identification number:                                                                                                                                                                                                                    |                                                                                                   |

| Debtor 1 |                              |                          | Case number (# ki                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nown)                                                  |                         |
|----------|------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------|
|          | First Name Middle            | Name Last Name           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
| 4.2      |                              |                          | What is the property? Check all that apply.  Gingle-family home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do not deduct secured cla<br>the amount of any secured | d claims on Schedule D: |
| 1.3.     | Street address, if available | e, or other description  | Duplex or multi-unit building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditors Who Have Clain                               | is Secured by Property. |
|          | •                            |                          | ☐ Condominium or cooperative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Current value of the                                   |                         |
|          |                              |                          | ☐ Manufactured or mobile home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | entire property?                                       | portion you own?        |
|          |                              |                          | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                     | \$                      |
|          |                              |                          | Investment property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Danautha tha matuus a                                  | £                       |
|          | City                         | State ZIP Code           | Timeshare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Describe the nature of interest (such as fee           |                         |
|          |                              |                          | ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the entireties, or a life                              |                         |
|          |                              |                          | Who has an interest in the property? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              |                          | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                         |
|          | County                       |                          | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                         |
|          |                              |                          | ☐ Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Check if this is co                                  | mmunity property        |
|          |                              |                          | At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (see instructions)                                     |                         |
|          |                              |                          | Other information you wish to add about this ite property identification number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | m, such as local                                       |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          | •                            |                          | II of your entries from Part 1, including any entries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . •                                                    | \$                      |
| youn     | iave attached for Fait       | 1. Write that ildiliber  | nere.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                         |
|          | •                            | a terminal and a second  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
| Part 2:  | Describe Your \              | /ehicles                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              |                          | st in any vehicles, whether they are registered or in the contracts of a second or it is a second or i | -                                                      | <b>3</b>                |
| 3. Cars, | , vans, trucks, tractors     | , sport utility vehicles | , motorcycles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                         |
| □ N      |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
| )PL Y    | es                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
| 2.4      | Make:                        | NISAN                    | Who has an interest in the property? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do not deduct secured cla                              | imo or avamatiana. Dut  |
| 3,1.     |                              |                          | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the amount of any secure                               |                         |
|          | Model:                       | FRONTIER                 | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditors Who Have Clain                               | ns Secured by Property. |
|          | Year:                        | 2002                     | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Current value of the                                   | Current value of the    |
| i        | Approximate mileage:         | 160,000                  | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | entire property?                                       | portion you own?        |
|          | Other information:           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 2,000                                                |                         |
|          |                              |                          | ☐ Check if this is community property (see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                     | \$                      |
|          |                              |                          | instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
| If you   | own or have more than        | one, describe here:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |
|          |                              | VANLUNA                  | Miles has an interest in the successful O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                         |
| 3.2.     | Make:                        | VTVI IAHA                | Who has an interest in the property? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Do not deduct secured cla<br>the amount of any secured |                         |
|          | Model:                       | K 200                    | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditors Who Have Clain                               |                         |
|          | Year:                        | 1995                     | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Current value of the                                   | Current value of the    |
|          | Approximate mileage:         | 1200                     | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | entire property?                                       | portion you own?        |
|          | •                            |                          | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                      | -                       |
|          | Other information:           | 1                        | ☐ Check if this is community property (see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                                     | \$                      |
|          | MOTORCYC                     | 16                       | instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |                         |
|          |                              |                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |                         |
|          |                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                         |

| or 1                |                                                                                                                                                           | Last Name    |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
|                     | First Name Middle Name                                                                                                                                    | Lastrante    |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
|                     |                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                                              |                                                                                             |
| 3.3.                | Make:                                                                                                                                                     |              | Who has an interest in the property? Check one.                                                                                                                                                                                                                                                                                                                                                                               | Do not deduct secured cla                                                                                                                                                                                                                      | nims or exemptions. Put                                                                     |
|                     | Model:                                                                                                                                                    |              | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                 | the amount of any secured                                                                                                                                                                                                                      | d claims on Schedule D:                                                                     |
|                     | ·                                                                                                                                                         |              | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                 | Creditors Who Have Clain                                                                                                                                                                                                                       | ns secured by Property.                                                                     |
|                     | Year:                                                                                                                                                     |              | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                    | Current value of the                                                                                                                                                                                                                           | Current value of the                                                                        |
|                     | Approximate mileage:                                                                                                                                      |              | At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                       | entire property?                                                                                                                                                                                                                               | portion you own?                                                                            |
|                     | Other information:                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>c</b>                                                                                                                                                                                                                                       | •                                                                                           |
|                     |                                                                                                                                                           |              | ☐ Check if this is community property (see instructions)                                                                                                                                                                                                                                                                                                                                                                      | <b>\$</b>                                                                                                                                                                                                                                      | \$                                                                                          |
|                     |                                                                                                                                                           |              | instructions)                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                             |
| 4.                  | Make:                                                                                                                                                     |              | Who has an interest in the property? Check one.                                                                                                                                                                                                                                                                                                                                                                               | Do not deduct secured cla                                                                                                                                                                                                                      | aims or exemptions. But                                                                     |
| 4.                  |                                                                                                                                                           |              | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                 | the amount of any secure                                                                                                                                                                                                                       | d claims on <i>Schedule D</i> :                                                             |
|                     | Model:                                                                                                                                                    |              | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                 | Creditors Who Have Clain                                                                                                                                                                                                                       | ns Secured by Property.                                                                     |
|                     | Year:                                                                                                                                                     | _            | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                    | Current value of the                                                                                                                                                                                                                           | Current value of th                                                                         |
|                     | Approximate mileage:                                                                                                                                      |              | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                     | entire property?                                                                                                                                                                                                                               | portion you own?                                                                            |
|                     | Other information:                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                               | Ф                                                                                                                                                                                                                                              | œ.                                                                                          |
|                     |                                                                                                                                                           |              | Check if this is community property (see                                                                                                                                                                                                                                                                                                                                                                                      | Φ                                                                                                                                                                                                                                              | Ф                                                                                           |
|                     |                                                                                                                                                           |              | instructions)                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                |                                                                                             |
|                     |                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
|                     |                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
|                     | •                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
|                     |                                                                                                                                                           |              | r recreational vehicles, other vehicles, and acces<br>ft, fishing vessels, snowmobiles, motorcycle accesso                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                                                                             |
| xam<br>No           | <i>ples:</i> Boats, trailers, motors, perso<br>o                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
| am<br>No            | <i>ples:</i> Boats, trailers, motors, perso<br>o                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                |                                                                                             |
| ram<br>  No<br>  Ye | <i>ples:</i> Boats, trailers, motors, perso<br>o                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                | aims or exemptions. Put                                                                     |
| am<br>No<br>Ye      | ples: Boats, trailers, motors, persono<br>o<br>es                                                                                                         |              | ft, fishing vessels, snowmobiles, motorcycle accesso                                                                                                                                                                                                                                                                                                                                                                          | ories  Do not deduct secured clathe amount of any secure.                                                                                                                                                                                      | d claims on Schedule D:                                                                     |
| am<br>No<br>Ye      | ples: Boats, trailers, motors, persono es  Make:  Model:                                                                                                  |              | ft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only                                                                                                                                                                                                                                                                                            | ories  Do not deduct secured cla                                                                                                                                                                                                               | d claims on Schedule D:                                                                     |
| kam<br>No<br>No     | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:                                                                                           |              | ff, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                | ories  Do not deduct secured clathe amount of any secure.                                                                                                                                                                                      | d claims on Schedule D:<br>ns Secured by Property.  Current value of th                     |
| am<br>No<br>Ye      | ples: Boats, trailers, motors, persono es  Make:  Model:                                                                                                  |              | ft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only                                                                                                                                                                                                                                                                                            | Do not deduct secured cla<br>the amount of any secured<br>Creditors Who Have Clain                                                                                                                                                             | d claims on Schedule D:<br>ns Secured by Property.                                          |
| am<br>No<br>Ye      | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:                                                                                           |              | ft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                                                                                                                                                                                                                       | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain                                                                                                                                                              | d claims on Schedule D:<br>ns Secured by Property.  Current value of th<br>portion you own? |
| am<br>No<br>Ye      | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:                                                                                           |              | ff, fishing vessels, snowmobiles, motorcycle accessor  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain                                                                                                                                                              | d claims on Schedule D:<br>ns Secured by Property.  Current value of th                     |
| am<br>No<br>Ye      | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:                                                                                           |              | ft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see                                                                                                                                                                             | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain                                                                                                                                                              | d claims on Schedule D:<br>ns Secured by Property.  Current value of th<br>portion you own? |
| (am<br>  No<br>  Ye | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:                                                                                           | nal watercra | ft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see                                                                                                                                                                             | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clain                                                                                                                                                              | d claims on Schedule D:<br>ns Secured by Property.  Current value of th<br>portion you own? |
| Ne Ye               | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he                                   | nal watercra | ft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see                                                                                                                                                                             | Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$                                                                                                                         | d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?       |
| Ne Ye               | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he                                   | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                                                                                                                                                                       | Do not deduct secured clathe amount of any securer.  Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer.                                                                  | d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$   |
| ≀am<br>  Ne<br>  Ye | ples: Boats, trailers, motors, persono es  Make: Model: Other information:  own or have more than one, list he Make: Model:                               | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                                                                                                                                                                       | Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claim                                                                                            | d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$   |
| kam<br>No<br>Ye     | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he                                   | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only                                                                                                                                          | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the                      | d claims on Schedule Dins Secured by Property.  Current value of th portion you own?  \$    |
| No Ye               | ples: Boats, trailers, motors, persono es  Make: Model: Other information:  own or have more than one, list he Make: Model:                               | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)                                                                                                                                                                                                                       | Do not deduct secured clathe amount of any securer Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Claim                                            | d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$   |
| ≀am<br>  Ne<br>  Ye | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he Make:  Model:  Year:              | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another                                                                      | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the                      | d claims on Schedule Dins Secured by Property.  Current value of th portion you own?  \$    |
| ≀am<br>  Ne<br>  Ye | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he Make:  Model:  Year:              | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another                                                                                    | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the                      | d claims on Schedule Dins Secured by Property.  Current value of th portion you own?  \$    |
| kam<br>No<br>Ye     | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he Make:  Model:  Year:              | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another                                                                      | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the                      | d claims on Schedule Dins Secured by Property.  Current value of th portion you own?  \$    |
| xam<br>No<br>Ye     | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he Make:  Model:  Year:              | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another                                                                                    | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the                      | d claims on Schedule Dins Secured by Property.  Current value of th portion you own?  \$    |
| xam<br>No<br>Ye     | ples: Boats, trailers, motors, persono es  Make:  Model:  Year:  Other information:  own or have more than one, list he Make:  Model:  Year:              | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another                                                                                    | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the                      | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$  |
| you .2.             | ples: Boats, trailers, motors, personologes  Make:  Model:  Year:  Other information:  which is the make:  Model:  Year:  Other information:              | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$ | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$  |
| you .2.             | ples: Boats, trailers, motors, personologes  Make:  Model:  Year:  Other information:  which is the model:  Year:  Other information:  Other information: | nal watercra | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another                                                                                    | Do not deduct secured clathe amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$                                                                                                                         | d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$  |

Case 19-20660 Debtor 1 Case number (if known) First Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware WASHING MACHINE 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Yes. Describe...... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments Yes. Describe...... WRIGHTS 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, aold, silver Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list Yes. Give specific

information.....

for Part 3. Write that number here

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

| First Nar                                     | me Middle Name                                     | Last Name                                                                         | Case Humber (I Allown)                                                           |                                                                    |
|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| ort 4: Dogoril                                | be Your Financial A                                | 20040                                                                             |                                                                                  |                                                                    |
|                                               |                                                    |                                                                                   |                                                                                  |                                                                    |
| o you own or hav                              | ve any legal or equitab                            | le interest in any of the following?                                              |                                                                                  | Current value of the portion you own?  Do not deduct secured claim |
|                                               |                                                    |                                                                                   |                                                                                  | or exemptions.                                                     |
| 6. Cash<br>Examples: Mone                     | ev vou have in vour walle                          | et, in vour home, in a safe deposit box                                           | x, and on hand when you file your petition                                       |                                                                    |
| □ No                                          | .,,                                                | , , ,                                                                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                          | <b>A</b>                                                           |
| _ /                                           |                                                    |                                                                                   | Cash:                                                                            | 100                                                                |
| 9                                             |                                                    |                                                                                   |                                                                                  | · •                                                                |
|                                               | king, savings, or other f                          | inancial accounts; certificates of depo<br>If you have multiple accounts with the | osit; shares in credit unions, brokerage house<br>e same institution, list each. | s,                                                                 |
| <b>´□                                    </b> |                                                    | Institution name:                                                                 |                                                                                  |                                                                    |
| ÷                                             | 17.1. Checking                                     | account:                                                                          |                                                                                  | <u> </u>                                                           |
|                                               | 17.2. Checking                                     | account:                                                                          |                                                                                  | - \$                                                               |
|                                               | 17.3. Savings ac                                   | count:                                                                            |                                                                                  | _ \$                                                               |
|                                               | 17.4. Savings a                                    | ccount:                                                                           |                                                                                  | - \$                                                               |
|                                               | 17.5. Certificate                                  | s of deposit:                                                                     |                                                                                  | \$                                                                 |
|                                               | 17.6. Other final                                  | ncial account:                                                                    |                                                                                  | - \$                                                               |
|                                               | 17.7. Other final                                  | ncial account:                                                                    |                                                                                  | s                                                                  |
|                                               | 17.8. Other fina                                   | ncial account:                                                                    |                                                                                  | \$ ·                                                               |
|                                               | 17.9. Other fina                                   |                                                                                   |                                                                                  | •                                                                  |
|                                               |                                                    |                                                                                   |                                                                                  | - Ψ                                                                |
|                                               | funds, or publicly trade<br>funds, investment acco | ed stocks<br>unts with brokerage firms, money mai                                 | rket accounts                                                                    |                                                                    |
| X No                                          |                                                    |                                                                                   |                                                                                  |                                                                    |
| <b>U</b> Yes                                  | Institution or iss                                 | suer name:                                                                        |                                                                                  |                                                                    |
|                                               |                                                    |                                                                                   |                                                                                  |                                                                    |
|                                               |                                                    |                                                                                   | , , , , , , , , , , , , , , , , , , ,                                            | \$<br>\$                                                           |
|                                               |                                                    |                                                                                   | ·                                                                                | Ψ                                                                  |
|                                               |                                                    |                                                                                   |                                                                                  |                                                                    |
| Non-publicly tra<br>an LLC, partner           | aded stock and interes<br>rship, and joint venture | ets in incorporated and unincorpora<br>e                                          | ated businesses, including an interest in                                        |                                                                    |
| 1                                             | Name of entity:                                    |                                                                                   | % of ownership:                                                                  |                                                                    |
| <b>™</b> No                                   | radine of entry.                                   |                                                                                   |                                                                                  |                                                                    |
| Yes. Give spe                                 | ecific                                             |                                                                                   | %                                                                                | \$                                                                 |
|                                               | ecific<br>about                                    |                                                                                   |                                                                                  | \$<br>\$                                                           |

|                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                  | First Name                                         | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| erzer karina jako meru.                          | de concentration of the contration of              | and the second of the production of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . The control of the | Periodikalina indikalisas, a indika indikalinan indikan sebagain, sa indikanyak Masasas in Asimbalyan, mga | on a servicus services (a complete a complet |
| 20. Governn                                      | nent and corpo                                     | orate bonds and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | other negotiable and non-negotial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ole instruments                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Negotiab                                         | ole instruments i                                  | include personal o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | checks, cashiers' checks, promissory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | notes, and money orders.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a cannot transfer to someone by signi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X No                                             |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  | Give specific                                      | Issuer name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| inform                                           | nation about                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| them.                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | * * * * * * * * * * * * * * * * * * * *                                                                    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  | ent or pension                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Example:                                         | s: Interests in II                                 | RA, ERISA, Keog                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | h, 401(k), 403(b), thrift savings accou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ints, or other pension or profit-sharing plans                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No                                               |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  | List each                                          | Type of account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Institution name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  | uni soparatory                                     | Typo of account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | monation name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                  |                                                    | 401(k) or similar p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    | Pension plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    | IRA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  | *                                                  | Dating and an array                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                  |                                                    | Retirement accour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    | Keogh:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | Ψ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                  |                                                    | Keogh: Additional accoun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                  |                                                    | Additional accoun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 22. <b>Sec</b> urity                             | deposits and                                       | Additional accoun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | \$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account prepayments deposits you have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t:<br>ve made so that you may continue se<br>epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rvice or use from a company                                                                                | \$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Your sha  Example companie                       | re of all unused<br>s: Agreements                  | Additional account Additional account Additional account prepayments deposits you have with landlords, pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t:<br>ve made so that you may continue se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rvice or use from a company                                                                                | \$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account prepayments deposits you have with landlords, pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t:<br>ve made so that you may continue se<br>epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rvice or use from a company                                                                                | \$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account prepayments deposits you have with landlords, pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t:<br>ve made so that you may continue se<br>epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rvice or use from a company                                                                                | \$\$<br>\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account prepayments deposits you have with landlords, pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t:<br>ve made so that you may continue se<br>epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rvice or use from a company                                                                                | \$\$<br>\$\$<br>\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account prepayments deposits you have with landlords, predictions.  Electric:  Gas:  Heating oil:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | t:<br>ve made so that you may continue se<br>epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rvice or use from a company<br>s, water), telecommunications                                               | \$\$<br>\$\$<br>\$\$<br>\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account prepayments deposits you have with landlords, predictions.  Electric:  Gas:  Heating oil:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company<br>s, water), telecommunications                                               | \$\$\$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account prepayments deposits you have with landlords, pre Electric: Gas: Heating oil: Security deposit of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company<br>s, water), telecommunications                                               | \$\$<br>\$\$<br>\$\$<br>\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha  Example companie                       | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account Prepayments I deposits you have with landlords, prepayments Electric:  Gas: Heating oil: Security deposit of Prepaid rent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company<br>s, water), telecommunications                                               | \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha  Example: companie                      | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account Prepayments and deposits you have with landlords, present the Electric:  Gas:  Heating oil:  Security deposit of Prepaid rent:  Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company<br>s, water), telecommunications                                               | \$\$\$\$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Your sha  Example: companie                      | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented in the second of the secon | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company<br>s, water), telecommunications                                               | \$\$\$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Your sha  Example: companie                      | re of all unused<br>s: Agreements<br>es, or others | Additional account Additional account Additional account Prepayments I deposits you have with landlords, prepayments I deposit of the Additional Additiona | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company<br>s, water), telecommunications                                               | \$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha Example: companie No Yes                | are of all unused                                  | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented in the second of the secon | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga  Institution name or individual:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rvice or use from a company s, water), telecommunications                                                  | \$\$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Your sha Example: companie No Yes                | are of all unused                                  | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented in the second of the secon | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rvice or use from a company s, water), telecommunications                                                  | \$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Your sha Example: companie No Yes                | are of all unused                                  | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented in the second of the secon | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga  Institution name or individual:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rvice or use from a company s, water), telecommunications                                                  | \$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Your sha Example: companie No Yes  23. Annuities | are of all unused                                  | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented in the second of the secon | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga  Institution name or individual:  n rental unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rvice or use from a company s, water), telecommunications                                                  | \$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha Example: companie No Yes  23. Annuities | are of all unused as: Agreements es, or others     | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented furniture:  Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture: Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga  Institution name or individual:  n rental unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rvice or use from a company s, water), telecommunications                                                  | \$\$\$\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Your sha Example: companie No Yes                | are of all unused as: Agreements es, or others     | Additional account Additional account Additional account Prepayments at deposits you have with landlords, presented furniture:  Gas: Heating oil: Security deposit of Prepaid rent: Telephone: Water: Rented furniture: Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t:  ve made so that you may continue se epaid rent, public utilities (electric, ga  Institution name or individual:  n rental unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rvice or use from a company s, water), telecommunications                                                  | \$\$ \$\$ \$\$ \$\$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Debtor 1                            |                                            |                                                                      | Case number                                           | (if known)                               |                                                                                   |
|-------------------------------------|--------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|
| First Na                            | ame Middle Name                            | Last Name                                                            |                                                       |                                          |                                                                                   |
|                                     | education IRA, in a<br>0(b)(1), 529A(b), a |                                                                      | E program, or under a qualified st                    | ate tuition program.                     | e e e e e                                                                         |
| 1 Yes                               | Inst                                       | titution name and description. S                                     | eparately file the records of any inter               | rests.11 U.S.C. § 521(c)                 | :                                                                                 |
|                                     |                                            |                                                                      |                                                       |                                          | \$                                                                                |
|                                     |                                            |                                                                      |                                                       |                                          | \$                                                                                |
|                                     |                                            |                                                                      |                                                       |                                          | \$                                                                                |
| 25. Trusts, equitab exercisable for | le or future intere                        | sts in property (other than any                                      | ything listed in line 1), and rights o                | or powers                                |                                                                                   |
| No No                               |                                            |                                                                      |                                                       |                                          | 1                                                                                 |
| Yes. Give spinformation             | pecific<br>about them                      |                                                                      |                                                       |                                          | \$                                                                                |
| Examples: Interest No Yes. Give s   | net domain names,                          | , trade secrets, and other intel<br>, websites, proceeds from royalt |                                                       |                                          | \$                                                                                |
|                                     |                                            | general intangibles                                                  | tore or facilities or the control of                  |                                          |                                                                                   |
| No Examples: Build                  | ling permits, exclus                       | ive licenses, cooperative associ                                     | iation holdings, liquor licenses, profe               | ssional licenses                         |                                                                                   |
| Yes. Give s                         | pecific                                    |                                                                      |                                                       |                                          |                                                                                   |
|                                     | about them                                 |                                                                      |                                                       |                                          | \$                                                                                |
| Money or property                   | owed to you?                               |                                                                      |                                                       |                                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds ow                  | ed to you                                  |                                                                      |                                                       |                                          |                                                                                   |
| ™No                                 |                                            |                                                                      |                                                       |                                          |                                                                                   |
| •                                   | pecific information<br>hem, including whe  | ther                                                                 |                                                       | Federal: \$                              | <b>3</b>                                                                          |
| you alr                             | eady filed the return                      | ns                                                                   |                                                       | State: \$                                |                                                                                   |
| and the                             | e tax years                                |                                                                      |                                                       | Local: \$                                | <u> </u>                                                                          |
| 29. Family support                  | t                                          |                                                                      |                                                       |                                          |                                                                                   |
| Examples: Past                      | due or lump sum a                          | ilimony, spousal support, child s                                    | support, maintenance, divorce settler                 | nent, property settlemer                 | ıt                                                                                |
| / <del>_</del> `                    | pecific information.                       |                                                                      |                                                       |                                          |                                                                                   |
|                                     |                                            |                                                                      |                                                       | Alimony:                                 | \$                                                                                |
|                                     |                                            |                                                                      |                                                       | Maintenance:                             | \$                                                                                |
|                                     |                                            |                                                                      |                                                       | Support:                                 | \$<br>\$                                                                          |
|                                     |                                            |                                                                      |                                                       | Divorce settlement: Property settlement: | \$<br>\$                                                                          |
| 20 Other                            |                                            | L                                                                    | 40-10-10-40-10-40-40-40-40-40-40-40-40-40-40-40-40-40 | . Topony comorners.                      | ·                                                                                 |
|                                     | aid wages, disability                      |                                                                      | benefits, sick pay, vacation pay, woneone else        | orkers' compensation,                    |                                                                                   |
| TAL No                              | •                                          |                                                                      |                                                       |                                          |                                                                                   |
| Yes. Give s                         | pecific information.                       |                                                                      |                                                       |                                          |                                                                                   |
|                                     |                                            |                                                                      |                                                       |                                          | \$                                                                                |

| Debtor 1                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                               | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name              | Last Name                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | And the second second                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| 31. Interests                                                                                                                                                                                                                                                 | in insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | policies                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| :                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                        | oo: hoalth savings account (                   | (HSA); credit, homeowner's, or renter's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |
|                                                                                                                                                                                                                                                               | . neam, uisa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ibility, or life insuran | ce, nealin savings account (                   | (HSA), credit, homeowners, or renters insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| <b>⊠</b> No                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                                                  |
| Yes                                                                                                                                                                                                                                                           | lame the insu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ırance company           | •                                              | Maria Catalan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and list its value       | Company name:                                  | Beneficiary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Surrender or refund value:                                                         |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                  |
| •                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                  |
| •                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 |
| 32 Any inter                                                                                                                                                                                                                                                  | est in prope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rty that is due you      | from someone who has di                        | hai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                | nsurance policy, or are currently entitled to receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eone has died.           | xpect proceeds from a me ii                    | isulance policy, or are currently entitled to receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |
| ~4                                                                                                                                                                                                                                                            | coadac some                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sone nas alca.           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| No No                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| 🔲 Yes. 0                                                                                                                                                                                                                                                      | 3ive specific i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nformation               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| i                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 |
| 1                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                        |
| 33. Claims a                                                                                                                                                                                                                                                  | gainst third p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oarties, whether or      | not you have filed a laws:                     | uit or made a demand for payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | s, insurance claims, or right                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| · ~                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pio y                    | o, modranos olamio, or ngris                   | 0.10 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |
| ; JANO                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _ <b>_</b>                                                                         |
| Yes. [                                                                                                                                                                                                                                                        | Describe each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n claim                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| 1                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 |
| 24 Other cor                                                                                                                                                                                                                                                  | stingont and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | unliquidated alaim       | aa af ayam, matura inalyali                    | an accompany of the debter and visible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |
| to set off                                                                                                                                                                                                                                                    | claime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | umquidated ciain         | is of every flature, including                 | ng counterclaims of the debtor and rights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |
| $\sim$                                                                                                                                                                                                                                                        | Cialilis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| /X No                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| : 🗸 🗖 Yes. [                                                                                                                                                                                                                                                  | Describe each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n claim                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| <b>:</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                 |
| ĺ                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| 1                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| ° 35 Anv finan                                                                                                                                                                                                                                                | rial accete v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ou did not already       | , liet                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| . 2                                                                                                                                                                                                                                                           | iciai assets y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ou did not an eady       | , not                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| ₩No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ſ                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| Yes. o                                                                                                                                                                                                                                                        | Sive specific i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | information              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                  |
| :                                                                                                                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | ***************************************        | c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                                                                 |
| ,                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| 36. Add the o                                                                                                                                                                                                                                                 | dollar value d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of all of your entrie    | s from Part 4, including a                     | ny entries for pages you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                        | .o nomi art 4, molading at                     | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e ·                                                                                |
| , 1011 211                                                                                                                                                                                                                                                    | . Write that i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | idilibei liele           |                                                | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                                                                                  |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |
| i i                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                | and the second of the second o |                                                                                    |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| Don't Ex                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |
| Part 5:                                                                                                                                                                                                                                                       | Describe /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Any Business-l           | Related Property Yo                            | u Own or Have an Interest In.List any :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | real estate in Part 1.                                                             |
| Part 5:                                                                                                                                                                                                                                                       | Describe /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Any Business-            | Related Property Yo                            | u Own or Have an Interest In. List any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | real estate in Part 1.                                                             |
|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | real estate in Part 1.                                                             |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | real estate in Part 1.                                                             |
| 37. Do you o                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | real estate in Part 1.                                                             |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | real estate in Part 1.                                                             |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a<br>o to Part 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                  |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a<br>o to Part 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the                                                               |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a<br>o to Part 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?                                              |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a<br>o to Part 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you o                                                                                                                                                                                                                                                  | wn or have a<br>o to Part 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?                                              |
| 37. Do you o' No. G ☐ Yes. (                                                                                                                                                                                                                                  | wn or have a<br>o to Part 6.<br>Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you of No. G                                                                                                                                                                                                                                           | wn or have a<br>o to Part 6.<br>Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ny legal or equitat      | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you of No. G                                                                                                                                                                                                                                           | wn or have a o to Part 6. Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ny legal or equitat      | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you of No. G                                                                                                                                                                                                                                           | wn or have a<br>o to Part 6.<br>Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ny legal or equitat      | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you of No. G                                                                                                                                                                                                                                           | wn or have a o to Part 6. Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ny legal or equitat      | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you of No. G                                                                                                                                                                                                                                           | wn or have a o to Part 6. Go to line 38. receivable of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ny legal or equital      | ble interest in any busines                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims                |
| 37. Do you of No. G  Yes. C  38. Accounts  No Yes. C                                                                                                                                                                                                          | wn or have a o to Part 6. Go to line 38. receivable of Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or commissions yo        | ble interest in any busines  ou already earned | s-related property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 37. Do you of No. G  Yes. C  38. Accounts  No Yes. C                                                                                                                                                                                                          | wn or have a o to Part 6. Go to line 38. receivable of Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or commissions yo        | ble interest in any busines  ou already earned |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 37. Do you of No. G  Yes. C  38. Accounts  No Yes. C                                                                                                                                                                                                          | wn or have a o to Part 6. Go to line 38. receivable of Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or commissions yo        | ble interest in any busines  ou already earned | s-related property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 37. Do you of No. G  Yes. C  38. Accounts  No  Yes. C  39. Office eq  Examples:                                                                                                                                                                               | wn or have a o to Part 6. Go to line 38. Freceivable of the company of the compan | or commissions yo        | ble interest in any busines  ou already earned | s-related property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 37. Do you of No. Go Yes. Co. Yes. Yes. Co. Yes. Yes. Yes. Yes. Yes. Yes. Yes. Yes | wn or have a o to Part 6. Go to line 38. receivable of Describe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or commissions yo        | ble interest in any busines  ou already earned | s-related property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |

| Debtor 1 Case number (if I                                                                                                 | known)                                    |                              |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|
| FII SI, Natifie Militati Lasi, Natifie                                                                                     |                                           |                              |
| •                                                                                                                          |                                           |                              |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade                                  |                                           |                              |
| y <b>⊈</b> No                                                                                                              |                                           |                              |
|                                                                                                                            |                                           | 7                            |
| ☐ Yes. Describe                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           |                              |
|                                                                                                                            |                                           |                              |
| 41. Inventory                                                                                                              |                                           |                              |
| No No                                                                                                                      |                                           | 7                            |
| Yes. Describe                                                                                                              |                                           | \$                           |
| · · · · · · · · · · · · · · · · · · ·                                                                                      | ·                                         |                              |
| 42 Interests in partnerships or joint ventures                                                                             |                                           |                              |
|                                                                                                                            |                                           |                              |
| No No                                                                                                                      |                                           |                              |
| Yes. Describe Name of entity:                                                                                              | % of ownership:                           |                              |
|                                                                                                                            | %                                         | ф                            |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            | %                                         | \$                           |
|                                                                                                                            | %                                         | \$                           |
|                                                                                                                            |                                           |                              |
| 43. Cystomer lists, mailing lists, or other compilations                                                                   |                                           |                              |
| No No                                                                                                                      |                                           |                              |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A                          | ))?                                       |                              |
| □ No                                                                                                                       |                                           |                              |
| Yes. Describe                                                                                                              |                                           |                              |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           |                              |
| 44. Any business-related property you did not already list                                                                 |                                           |                              |
| No No                                                                                                                      |                                           |                              |
| Yes. Give specific                                                                                                         |                                           |                              |
| information                                                                                                                |                                           | <b>5</b>                     |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           |                              |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           |                              |
|                                                                                                                            |                                           | \$                           |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have at                   | tached                                    | _                            |
| for Part 5. Write that number here                                                                                         |                                           | \$                           |
|                                                                                                                            |                                           | L                            |
| en kan dia menjerah dia menjerah kemenjerah dia menjerah dia menjerah dia menjerah dia menjerah dia menjerah d<br>Menjerah | ** *** **** **** **** **** **** **** **** | ***                          |
|                                                                                                                            |                                           |                              |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Ha                                           | ve an Interest I                          | n.                           |
| If you own or have an interest in farmland, list it in Part 1.                                                             |                                           |                              |
|                                                                                                                            |                                           |                              |
| 46. Do, you own or have any legal or equitable interest in any farm- or commercial fishing-related prop                    | erty?                                     |                              |
| No. Go to Part 7.                                                                                                          | ,                                         |                              |
| Yes. Go to line 47.                                                                                                        |                                           |                              |
|                                                                                                                            |                                           | Current value of the         |
|                                                                                                                            |                                           | portion you own?             |
|                                                                                                                            | •                                         | Do not deduct secured claims |
|                                                                                                                            |                                           | or exemptions.               |
| 47. Farm animals                                                                                                           |                                           |                              |
| Examples: Livestock, poultry, farm-raised fish                                                                             |                                           |                              |
| 7 <b>2</b> No                                                                                                              |                                           |                              |
| Yes                                                                                                                        |                                           | 7                            |
|                                                                                                                            |                                           |                              |
|                                                                                                                            |                                           | \$                           |
|                                                                                                                            |                                           |                              |

| Debtor 1 Case number (#known)  First Name Middle Name Last Name                                                |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
|                                                                                                                |                                                                                                                   |
| 48. Crops—either growing or harvested                                                                          |                                                                                                                   |
| ₩ No                                                                                                           |                                                                                                                   |
| Yes. Give specific                                                                                             |                                                                                                                   |
| information                                                                                                    | \$                                                                                                                |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade                            |                                                                                                                   |
| <b>≥</b> No                                                                                                    | •                                                                                                                 |
| /  Yes                                                                                                         |                                                                                                                   |
|                                                                                                                | \$                                                                                                                |
| 50. Farm and fishing supplies, chemicals, and feed                                                             |                                                                                                                   |
| <b>√</b> No ·                                                                                                  |                                                                                                                   |
| Yes                                                                                                            |                                                                                                                   |
|                                                                                                                | \$                                                                                                                |
| 51. Any farm- and commercial fishing-related property you did not already list                                 | -                                                                                                                 |
| <b>⊠</b> No                                                                                                    |                                                                                                                   |
| Yes. Give specific                                                                                             | 7                                                                                                                 |
| information                                                                                                    | \$                                                                                                                |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached | \$                                                                                                                |
| for Part 6. Write that number here                                                                             | ¥                                                                                                                 |
|                                                                                                                | mineral in a contraction contraction and expendently for the edition of a september of personal games of personal |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above                       |                                                                                                                   |
| besome All Property Tou Own of Have all interest in That Tou blu Not List Above                                |                                                                                                                   |
| 53. Do you have other property of any kind you did not already list?                                           |                                                                                                                   |
| Examples: Season tickets, country club membership                                                              |                                                                                                                   |
| No                                                                                                             | \$                                                                                                                |
| Yes. Give specific information                                                                                 | \$                                                                                                                |
|                                                                                                                | \$                                                                                                                |
|                                                                                                                | Y                                                                                                                 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here                            | \$                                                                                                                |
|                                                                                                                | ,                                                                                                                 |
|                                                                                                                | и име т жил отвен, тексирин ин именевинан т. к. жарабда Авгания Биларина (б. 11.11) г. 11.11 г. 11.11 г. 11.11    |
| Part 8: List the Totals of Each Part of this Form                                                              |                                                                                                                   |
| SS Book At Total week and the O                                                                                | 360,000                                                                                                           |
| 55. Part 1: Total real estate, line 2                                                                          | \$ 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                           |
| 56. Part 2: Total vehicles, line 5                                                                             |                                                                                                                   |
| 57. Part 3: Total personal and household items, line 15 \$ 9,100                                               |                                                                                                                   |
| 58 Part 4: Total financial assets, line 36 \$                                                                  |                                                                                                                   |
| 59 Part 5: Total business-related property, line 45                                                            |                                                                                                                   |
| 60 Part 6: Total farm- and fishing-related property, line 52                                                   |                                                                                                                   |
| 61. Part 7: Total other property not listed, line 54                                                           |                                                                                                                   |
|                                                                                                                | - 11 100                                                                                                          |
| 62 Total personal property. Add lines 56 through 61                                                            | +\$ 101100                                                                                                        |
|                                                                                                                |                                                                                                                   |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62.                                              | 371.100                                                                                                           |
| o. Total of all property of soficulic AD. Add life 50 + life 02.                                               | * <del>~ 11)                                  </del>                                                              |
|                                                                                                                |                                                                                                                   |

| Fill in this information to identify your case:                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                              |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Debtor 1                                                                                                                                                                                                                                                                                                |                                                                                                       |                                                                                                                              |                                                                                      |
| First Name   Middle Name                                                                                                                                                                                                                                                                                | Last Name                                                                                             |                                                                                                                              |                                                                                      |
| United States Bankruptcy Court for the:                                                                                                                                                                                                                                                                 |                                                                                                       |                                                                                                                              |                                                                                      |
| Case number<br>(If known)                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                              | ☐ Check if this is an amended filing                                                 |
|                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                              | amended ming                                                                         |
| Official Form 106C                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                              |                                                                                      |
| Schedule C: The Prop                                                                                                                                                                                                                                                                                    | perty You                                                                                             | Claim as Exempt                                                                                                              | 04/16                                                                                |
| Be as complete and accurate as possible. If two ma<br>Using the property you listed on <i>Schedule A/B: Prop</i><br>space is needed, fill out and attach to this page as r<br>your name and case number (if known).                                                                                     | perty (Official Form 106A                                                                             | VB) as your source, list the property that y                                                                                 | ou claim as exempt. If more                                                          |
| For each item of property you claim as exempt, specific dollar amount as exempt. Alternatively, of any applicable statutory limit. Some exemption retirement funds—may be unlimited in dollar amounts the exemption to a particular dollar amount would be limited to the applicable statutory amounts. | you may claim the full<br>ons—such as those for<br>count. However, if you<br>ont and the value of the | fair market value of the property being<br>health aids, rights to receive certain b<br>claim an exemption of 100% of fair ma | gexempted up to the amount<br>enefits, and tax-exempt<br>rket value under a law that |
| Part 1: Identify the Property You Claim                                                                                                                                                                                                                                                                 | ı as Exempt                                                                                           |                                                                                                                              |                                                                                      |
| 4 Which add for many the control of                                                                                                                                                                                                                                                                     | 0                                                                                                     |                                                                                                                              |                                                                                      |
| 1. Which set of exemptions are you claiming?                                                                                                                                                                                                                                                            |                                                                                                       |                                                                                                                              |                                                                                      |
| You are claiming federal exemptions. 11 U                                                                                                                                                                                                                                                               |                                                                                                       | ,                                                                                                                            |                                                                                      |
|                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                              |                                                                                      |
| 2. For any property you list on Schedule A/B t                                                                                                                                                                                                                                                          | hat you claim as exem                                                                                 | pt, fill in the information below.                                                                                           |                                                                                      |
| Brief description of the property and line on Schedule A/B that lists this property                                                                                                                                                                                                                     | Current value of the portion you own                                                                  | Amount of the exemption you claim                                                                                            | Specific laws that allow exemption                                                   |
|                                                                                                                                                                                                                                                                                                         | Copy the value from<br>Schedule A/B                                                                   | Check only one box for each exemption.                                                                                       | w en                                             |
| Brief HOME                                                                                                                                                                                                                                                                                              | . 220,000                                                                                             |                                                                                                                              |                                                                                      |
| description:                                                                                                                                                                                                                                                                                            | * == = = = =                                                                                          | 200% of fair market value, up to                                                                                             |                                                                                      |
| Schedule A/B:                                                                                                                                                                                                                                                                                           |                                                                                                       | any applicable statutory limit                                                                                               |                                                                                      |
| Brief                                                                                                                                                                                                                                                                                                   | •                                                                                                     |                                                                                                                              | ·                                                                                    |
| description:                                                                                                                                                                                                                                                                                            | \$                                                                                                    | ☐ \$<br>☐ 100% of fair market value, up to                                                                                   |                                                                                      |
| Line from Schedule A/B:                                                                                                                                                                                                                                                                                 |                                                                                                       | any applicable statutory limit                                                                                               |                                                                                      |
| Brief                                                                                                                                                                                                                                                                                                   | \$                                                                                                    | □s                                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                |
| description:                                                                                                                                                                                                                                                                                            |                                                                                                       | 100% of fair market value, up to                                                                                             |                                                                                      |
| Schedule A/B:                                                                                                                                                                                                                                                                                           |                                                                                                       | any applicable statutory limit                                                                                               |                                                                                      |
| 3. Are you claiming a homestead exemption o                                                                                                                                                                                                                                                             | f more than \$160,375?                                                                                |                                                                                                                              |                                                                                      |
| (Subject to adjustment on 4/01/19 and every 3                                                                                                                                                                                                                                                           | years after that for case                                                                             | s filed on or after the date of adjustment.)                                                                                 | •                                                                                    |
| No                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                              |                                                                                      |
| Yes. Did you acquire the property covered  No                                                                                                                                                                                                                                                           | by the exemption within                                                                               | 1,215 days before you filed this case?                                                                                       |                                                                                      |
| ☐ Yes                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                                              |                                                                                      |
|                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                              |                                                                                      |

|            |             |           | Case r | number (if known) |  |
|------------|-------------|-----------|--------|-------------------|--|
| First Name | Middle Name | Last Name |        |                   |  |

### Part 2:

## **Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim                                     | Specific laws that allow exemption |
|-------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|------------------------------------|
|                                                                                     | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                                 |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ any applicable statutory limit                                  |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  Line from Schedule A/B;                                         | \$                                   | \$  100% of fair market value, up to any applicable statutory limit   |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ 100% of fair market value, up to any applicable statutory limit    |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ \$ 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:  Line from Schedule A/B:                                         | \$                                   | \$ 100% of fair market value, up to any applicable statutory limit    |                                    |

| Fill in this information to identify your case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ::                                                                                                             |                          |                                              |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------|--------------------|
| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                          |                                              |                    |
| First Name Middle Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | me Last Name                                                                                                   |                          |                                              |                    |
| Debtor 2 (Spouse, if filing) First Name Middle Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | me Last Name                                                                                                   |                          |                                              |                    |
| United States Bankruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | District of                                                                                                    |                          |                                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (State)                                                                                                        |                          |                                              |                    |
| Case number<br>(If known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                          | Check i                                      |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                          | amende                                       | ed filing          |
| Official Form 106D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                          |                                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . William 11 and 01 along 0                                                                                    |                          |                                              |                    |
| Schedule D: Creditors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S Who Have Claims Secure                                                                                       | a by Proj                | perty                                        | 12/15              |
| Be as complete and accurate as possible. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | f two married people are filing together, both are eq<br>the Additional Page, fill it out, number the entries, | ually responsible f      | or supplying correc                          | t                  |
| additional pages, write your name and case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | and attach it to this    | iorm. On the top of                          | апу                |
| 4. Do ann and it and beautiful |                                                                                                                |                          |                                              |                    |
| Do any creditors have claims secured by     No. Check this box and submit this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | γ your property ?<br>n to the court with your other schedules. You have nothi                                  | na else to report on     | this form                                    |                    |
| Yes. Fill in all of the information below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | ing clos to repeat on    |                                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                          |                                              |                    |
| Part 1: List All Secured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | ·                        |                                              | ,                  |
| 2. List all secured claims. If a creditor has m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ore than one secured claim, list the creditor separately                                                       | Column A Amount of claim | Column B<br>Value of collateral              | Column C Unsecured |
| for each claim. If more than one creditor ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | is a particular claim, list the other creditors in Part 2.                                                     | Do not deduct the        | that supports this                           | portion            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ^                                                                                                              | value of collateral.     | claim                                        | If any             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Describe the property that secures the claim:                                                                  | \$ <u>720,000</u>        | \$ <u>.                                 </u> | \$                 |
| Creditor's Name  DO Boy 619063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ilasko                                                                                                         | ] ,                      |                                              |                    |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MOVJE                                                                                                          | <u> </u>                 | •                                            |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | As of the date you file, the claim is: Check all that apply.                                                   |                          |                                              |                    |
| DAIIAS TX 75261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Contingent ☐ Unliquidated                                                                                    |                          |                                              |                    |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disputed .                                                                                                     |                          |                                              | •                  |
| Who owes the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nature of lien. Check all that apply.                                                                          |                          | •                                            |                    |
| Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | An agreement you made (such as mortgage or secured car loan)                                                   |                          |                                              |                    |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Statutory lien (such as tax lien, mechanic's lien)                                                             |                          |                                              |                    |
| ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Judgment lien from a lawsuit                                                                                   |                          |                                              |                    |
| ☐ Check if this claim relates to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other (including a right to offset)                                                                            | -                        |                                              |                    |
| community debt  Date debt was incurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Last 4 digits of account number                                                                                |                          |                                              |                    |
| 2.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe the property that secures the claim:                                                                  | <b>S</b>                 | \$                                           | \$                 |
| Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Describe the property that secures the claim.                                                                  | 3 <u></u>                | · p                                          | <b>a</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                          |                                              |                    |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | As of the date you file, the claim is: Check all that apply.                                                   |                          |                                              |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Contingent                                                                                                     | •                        |                                              |                    |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Unliquidated                                                                                                   |                          |                                              |                    |
| Who owes the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Disputed                                                                                                       |                          |                                              |                    |
| Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured)                     |                          |                                              |                    |
| Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | car loan)                                                                                                      |                          |                                              |                    |
| Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit                               |                          |                                              |                    |
| ☐ At least one of the debtors and another ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other (including a right to offset)                                                                            | _                        |                                              | :                  |
| ☐ Check if this claim relates to a community debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                              |                          |                                              |                    |
| Date debt was incurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Last 4 digits of account number                                                                                |                          |                                              |                    |
| Add the dollar value of your entries in C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | column A on this page. Write that number here:                                                                 | \$                       |                                              |                    |

| Debtor 1 First Name Middle Name                                                       | Last Name Case nun                                                                         | nber (# known)                                                  |                                                                                |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------|
| Additional Page  Part 1: After listing any entries on this page by 2.4, and so forth. | age, number them beginning with 2.3, followed                                              | Column A Amount of claim Do not deduct the value of collateral. | Column B Column C Value of collateral that supports this claim Column C If any |
|                                                                                       | Describe the property that secures the claim:                                              | \$                                                              | \$\$                                                                           |
| Creditor's Name                                                                       |                                                                                            | ]                                                               |                                                                                |
| Number Street                                                                         |                                                                                            |                                                                 |                                                                                |
|                                                                                       | As of the date you file, the claim is: Check all that apply.                               | 1                                                               | ,                                                                              |
| City State ZIP Code                                                                   | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                     |                                                                 |                                                                                |
| Who owes the debt? Check one.                                                         | Nature of lien. Check all that apply.                                                      |                                                                 |                                                                                |
| Debtor 1 only Debtor 2 only                                                           | An agreement you made (such as mortgage or secured car loan)                               | •                                                               |                                                                                |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                   | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit            |                                                                 |                                                                                |
| ☐ Check if this claim relates to a community debt                                     | Other (including a right to offset)                                                        | -                                                               |                                                                                |
| Date debt was incurred                                                                | Last 4 digits of account number                                                            |                                                                 |                                                                                |
|                                                                                       | Describe the property that secures the claim:                                              | \$ .                                                            | \$ \$                                                                          |
| Creditor's Name                                                                       |                                                                                            | ]                                                               |                                                                                |
| Number Street                                                                         |                                                                                            |                                                                 | :                                                                              |
|                                                                                       | As of the date you file, the claim is: Check all that apply.  Contingent                   |                                                                 |                                                                                |
| City State ZIP Code                                                                   | Unliquidated ,                                                                             |                                                                 |                                                                                |
| Who owes the debt? Check one.                                                         | Disputed                                                                                   |                                                                 |                                                                                |
| ☐ Debtor 1 only                                                                       | Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured) |                                                                 |                                                                                |
| Debtor 2 only Debtor 1 and Debtor 2 only                                              | car loan)                                                                                  |                                                                 |                                                                                |
| At least one of the debtors and another                                               | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit        |                                                                 |                                                                                |
| ☐ Check if this claim relates to a community debt                                     | Other (including a right to offset)                                                        | -                                                               |                                                                                |
| Date debt was incurred                                                                | Last 4 digits of account number                                                            |                                                                 |                                                                                |
|                                                                                       | Describe the property that secures the claim:                                              | \$                                                              | \$ \$                                                                          |
| Creditor's Name                                                                       |                                                                                            | ]                                                               |                                                                                |
| Number Street                                                                         |                                                                                            |                                                                 |                                                                                |
| <u> </u>                                                                              | As of the date you file, the claim is: Check all that apply.                               | J                                                               |                                                                                |
| City State ZIP Code                                                                   | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                     |                                                                 |                                                                                |
| Who owes the debt? Check one.                                                         | Nature of lien. Check all that apply.                                                      |                                                                 |                                                                                |
| Debtor 1 only                                                                         | ☐ An agreement you made (such as mortgage or secured                                       |                                                                 |                                                                                |
| Debtor 2 only Debtor 1 and Debtor 2 only                                              | car loan)  Statutory lien (such as tax lien, mechanic's lien)                              |                                                                 |                                                                                |
| At least one of the debtors and another                                               | Judgment lien from a lawsuit                                                               |                                                                 |                                                                                |
| ☐ Cheċk if this claim relates to a community debt                                     | Other (including a right to offset)                                                        | -                                                               |                                                                                |
| Date debt was incurred                                                                | Last 4 digits of account number                                                            |                                                                 |                                                                                |
|                                                                                       | in Column A on this page. Write that number here:                                          | s 220,000                                                       |                                                                                |
| If this is the last page of your form,<br>Write that number here:                     | add the dollar value totals from all pages.                                                | \$                                                              |                                                                                |

| ebtor 1                                       | irst Name Middle Name                                                                 | Last Name                                                           |                                                                         | Case number (if known)                                                                                                                                                                                                             |
|-----------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               | List Others to Be Not                                                                 |                                                                     | That You Aiready                                                        | √ Listed                                                                                                                                                                                                                           |
| Use this page<br>agency is try<br>you have mo | e only if you have others<br>ing to collect from you fo<br>re than one creditor for a | to be notified about<br>r a debt you owe to<br>ny of the debts that | your bankruptcy for<br>someone else, list th<br>you listed in Part 1, I | a debt that you already listed in Part 1. For example, if a collection<br>ne creditor in Part 1, and then list the collection agency here. Similarly,<br>list the additional creditors here. If you do not have additional persons |
| be notified fo<br>—                           | r any debts in Part 1, do i                                                           | not fill out or submi                                               | t this page.                                                            |                                                                                                                                                                                                                                    |
|                                               |                                                                                       |                                                                     |                                                                         | On which line in Part 1 did you enter the creditor?                                                                                                                                                                                |
| Name                                          |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
|                                               |                                                                                       |                                                                     |                                                                         |                                                                                                                                                                                                                                    |
| Number                                        | Street                                                                                |                                                                     |                                                                         |                                                                                                                                                                                                                                    |
|                                               | · · · · · · · · · · · · · · · · · · ·                                                 |                                                                     |                                                                         | <del>-</del> :                                                                                                                                                                                                                     |
| City                                          |                                                                                       | State                                                               | ZIP Code                                                                | _                                                                                                                                                                                                                                  |
|                                               |                                                                                       |                                                                     |                                                                         | On which line in Part 1 did you enter the creditor?                                                                                                                                                                                |
| Name                                          |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
| ranic                                         |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
| Number                                        | Street                                                                                |                                                                     |                                                                         | =                                                                                                                                                                                                                                  |
|                                               |                                                                                       |                                                                     |                                                                         | _                                                                                                                                                                                                                                  |
| 0.4                                           |                                                                                       | 01-1-                                                               | 710.0                                                                   | <u></u>                                                                                                                                                                                                                            |
| City                                          |                                                                                       | State                                                               | ZIP Code                                                                |                                                                                                                                                                                                                                    |
| J                                             |                                                                                       |                                                                     |                                                                         | On which line in Part 1 did you enter the creditor?                                                                                                                                                                                |
| Name                                          |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
| Number                                        | Street                                                                                |                                                                     |                                                                         | -                                                                                                                                                                                                                                  |
|                                               |                                                                                       |                                                                     |                                                                         | _                                                                                                                                                                                                                                  |
|                                               |                                                                                       |                                                                     |                                                                         |                                                                                                                                                                                                                                    |
| City                                          |                                                                                       | State                                                               | ZIP Code                                                                |                                                                                                                                                                                                                                    |
|                                               |                                                                                       |                                                                     |                                                                         | On which line in Part 1 did you enter the creditor?                                                                                                                                                                                |
| Name                                          |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
| Number                                        | Street                                                                                |                                                                     |                                                                         | _                                                                                                                                                                                                                                  |
|                                               |                                                                                       |                                                                     |                                                                         |                                                                                                                                                                                                                                    |
|                                               |                                                                                       |                                                                     |                                                                         | <del>-</del>                                                                                                                                                                                                                       |
| City                                          |                                                                                       | State                                                               | ZIP Code                                                                | <del>-</del> ·                                                                                                                                                                                                                     |
|                                               |                                                                                       |                                                                     |                                                                         | On which line in Part 1 did you enter the creditor?                                                                                                                                                                                |
| Name                                          |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
| Number                                        | Street                                                                                | · <del></del>                                                       |                                                                         | _                                                                                                                                                                                                                                  |
| , vanioc,                                     |                                                                                       |                                                                     |                                                                         |                                                                                                                                                                                                                                    |
|                                               | 9.449-44.94                                                                           |                                                                     |                                                                         | _                                                                                                                                                                                                                                  |
| City                                          |                                                                                       | State                                                               | ZIP Code                                                                |                                                                                                                                                                                                                                    |
|                                               |                                                                                       |                                                                     |                                                                         | On which line in Part 1 did you enter the creditor?                                                                                                                                                                                |
| Name                                          |                                                                                       |                                                                     |                                                                         | Last 4 digits of account number                                                                                                                                                                                                    |
| Number                                        | Street                                                                                |                                                                     |                                                                         | _                                                                                                                                                                                                                                  |
| Nulliber                                      | Sireet .                                                                              |                                                                     |                                                                         |                                                                                                                                                                                                                                    |
|                                               |                                                                                       | <u></u>                                                             |                                                                         | _                                                                                                                                                                                                                                  |
| City                                          |                                                                                       | State                                                               | ZIP Code                                                                | _                                                                                                                                                                                                                                  |
|                                               |                                                                                       |                                                                     |                                                                         |                                                                                                                                                                                                                                    |

| Fill in this in        | formation to ide     | ntify your case: |                    |
|------------------------|----------------------|------------------|--------------------|
| Debtor 1               |                      |                  |                    |
|                        | First Name           | Middle Name      | Last Name          |
| Debtor 2               |                      |                  |                    |
| (Spouse, if filing)    | First Name           | Middle Name      | Last Name          |
| United States I        | Bankruptcy Court for | the:             | District of(State) |
| Case number (If known) |                      |                  |                    |

# Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Doc 13

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

|   | Par               | t 1: List All of Your PRIORITY Unsecure                                                                                                                                                                               | d Claims                                                                                                                                                                                                                                                                                                          |                                        |                             |                           |
|---|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|---------------------------|
|   | 2.  <br>2.  <br>7 | each claim listed, identify what type of claim it is. If a<br>nonpriority amounts. As much as possible, list the cla                                                                                                  | ditor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list that aims in alphabetical order according to the creditor's na lart 1. If more than one creditor holds a particular claim,                                                                       | it claim here and<br>me. If you have r | show both p<br>nore than tw | riority and<br>o priority |
| 1 |                   | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                               | ,                                                                                                                                                                                                                                                                                                                 | Total claim                            | Priority                    | Nonpriority               |
|   | 2.1               | PATELCO CREDIT UNION Priority Creditor's Name PO BOX 8020 Number Street                                                                                                                                               | Last 4 digits of account number                                                                                                                                                                                                                                                                                   | :16,00¢                                | amount                      | amount<br>\$              |
|   | ,                 | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Other. Specify |                                        |                             |                           |
| 2 | 2.2               |                                                                                                                                                                                                                       | Last 4 digits of account number                                                                                                                                                                                                                                                                                   | \$                                     | \$                          | \$                        |
|   |                   | Priority Creditor's Name                                                                                                                                                                                              | When was the debt incurred?                                                                                                                                                                                                                                                                                       | ·                                      | ·                           |                           |
|   |                   | Number Street  City State ZIP Code                                                                                                                                                                                    | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated                                                                                                                                                                                                                             |                                        |                             |                           |
|   |                   | •                                                                                                                                                                                                                     | ☐ Disputed                                                                                                                                                                                                                                                                                                        |                                        |                             |                           |
|   |                   | Who incurred the debt? Check one.  Debtor 1 only                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                   |                                        |                             |                           |
|   |                   | Debtor 2 only                                                                                                                                                                                                         | Type of PRIORITY unsecured claim:                                                                                                                                                                                                                                                                                 |                                        |                             |                           |
|   |                   | Debtor 1 and Debtor 2 only                                                                                                                                                                                            | Domestic support obligations                                                                                                                                                                                                                                                                                      |                                        |                             |                           |
|   |                   | At least one of the debtors and another                                                                                                                                                                               | Taxes and certain other debts you owe the government                                                                                                                                                                                                                                                              |                                        |                             |                           |
|   |                   | ☐ Check if this claim is for a community debt                                                                                                                                                                         | <ul> <li>Claims for death or personal injury while you were intoxicated</li> </ul>                                                                                                                                                                                                                                |                                        |                             |                           |
|   |                   | Is the claim subject to offset?                                                                                                                                                                                       | Other. Specify                                                                                                                                                                                                                                                                                                    |                                        |                             |                           |
|   |                   | No No                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |                                        |                             |                           |
| L |                   | Yes                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                        |                             |                           |

| Debto | or 1 First Name Middle Name Last Name                                                                                                                                                                                | Case number (# known)                                                                                                                                                                              |             |                    |                    |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|--------------------|
| Part  | 1: Your PRIORITY Unsecured Claims                                                                                                                                                                                    | — Continuation Page                                                                                                                                                                                |             |                    |                    |
| Afte  | r listing any entries on this page, number them                                                                                                                                                                      | beginning with 2.3, followed by 2.4, and so forth.                                                                                                                                                 | Total claim | Priority<br>amount | Nonpriority amount |
|       | Priority Creditor's Name                                                                                                                                                                                             | Last 4 digits of account number                                                                                                                                                                    | \$          | \$                 | \$                 |
|       | Number Street                                                                                                                                                                                                        | As of the date you file, the claim is: Check all that apply.                                                                                                                                       |             |                    |                    |
|       | City State ZIP Code                                                                                                                                                                                                  | ☐ Contingent ☐ Unliquidated ☐ Disputed                                                                                                                                                             |             |                    |                    |
|       | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify |             |                    |                    |
|       | Priority Creditor's Name                                                                                                                                                                                             | Last 4 digits of account number                                                                                                                                                                    | \$          | \$                 | \$                 |
|       | Number Street  City State ZIP Code  Who incurred the debt? Check one.                                                                                                                                                | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                                                                        |             |                    |                    |
|       | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt                                                                          | Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify |             |                    |                    |
|       | Is the claim subject to offset?  No Yes                                                                                                                                                                              |                                                                                                                                                                                                    |             |                    |                    |
|       | Priority Creditor's Name  Number Street                                                                                                                                                                              | Last 4 digits of account number                                                                                                                                                                    | \$          | \$                 | \$                 |
|       | City State ZIP Code  Who incurred the debt? Check one.                                                                                                                                                               | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed                                                                                                     |             |                    |                    |
|       | <ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>                                                                | Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were                            |             |                    |                    |
|       | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                                                                                                                                       | intoxicated  Other. Specify                                                                                                                                                                        |             |                    |                    |

☐ No☐ Yes

| <br> | Case number (if known) |
|------|------------------------|
|      |                        |

| Pa   | List All of Your NONPRIORITY Unsecured Claims                                |                                                                   |                     |
|------|------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|
| 3    | Do any creditors have nonpriority unsecured claims against you?              | 3                                                                 |                     |
| J.   |                                                                              |                                                                   |                     |
|      | ☐ No. You have nothing to report in this part. Submit this form to the ☐ Yes | court with your other schedules.                                  |                     |
|      | :                                                                            |                                                                   |                     |
|      | List all of your nonpriority unsecured claims in the alphabetical o          |                                                                   |                     |
|      | nonpriority unsecured claim, list the creditor separately for each claim.    |                                                                   |                     |
|      | included in Part 1. If more than one creditor holds a particular claim, lis  | st the other creditors in Part 3.If you have more than three no   | npriority unsecured |
|      | claims fill out the Continuation Page of Part 2.                             |                                                                   |                     |
|      |                                                                              |                                                                   | Total claim         |
| 4.1  |                                                                              |                                                                   | 1                   |
| 7. 1 |                                                                              | Last 4 digits of account number                                   | ¢                   |
|      | Nonpriority Creditor's Name                                                  | When was the debt incurred?                                       | Φ                   |
|      |                                                                              | When was the dept incurred:                                       |                     |
|      | Number Street                                                                |                                                                   |                     |
|      | 0.4                                                                          | As of the date you file the claim in Check all that anniv         |                     |
|      | City State ZIP Code                                                          | As of the date you file, the claim is: Check all that apply.      |                     |
|      | •                                                                            | ☐ Contingent                                                      |                     |
|      | Who incurred the debt? Check one.                                            | ☐ Unliquidated                                                    |                     |
|      | Debtor 1 only                                                                | ☐ Disputed                                                        |                     |
|      | Debtor 2 only                                                                |                                                                   |                     |
|      | Debtor 1 and Debtor 2 only                                                   | Type of NONPRIORITY unsecured claim:                              |                     |
|      | At least one of the debtors and another                                      | ☐ Student loans                                                   |                     |
|      | Charles this plain is for a community date                                   | Obligations arising out of a separation agreement or divorce      |                     |
|      | ☐ Check if this claim is for a community debt                                | that you did not report as priority claims                        |                     |
|      | Is the claim subject to offset?                                              | Debts to pension or profit-sharing plans, and other similar debts | <b>,</b>            |
|      | ☐ No                                                                         | Other, Specify                                                    |                     |
|      | Yes                                                                          |                                                                   |                     |
|      |                                                                              |                                                                   |                     |
| 4.2  |                                                                              | Last 4 digits of account number                                   | \$                  |
|      | Nonpriority Creditor's Name                                                  | When was the debt incurred?                                       |                     |
|      |                                                                              |                                                                   |                     |
|      | Number Street                                                                | As af the data was file the plain in the first of the             |                     |
|      |                                                                              | As of the date you file, the claim is: Check all that apply.      |                     |
|      | City State ZIP Code                                                          | ☐ Contingent                                                      |                     |
|      | Who incurred the debt? Check one.                                            | ☐ Unliquidated                                                    |                     |
|      | Debtor 1 only                                                                | ☐ Disputed                                                        |                     |
|      | Debtor 2 only                                                                |                                                                   |                     |
|      | Debtor 1 and Debtor 2 only                                                   | Type of NONPRIORITY unsecured claim:                              |                     |
|      | At least one of the debtors and another                                      | ☐ Student loans                                                   |                     |
|      |                                                                              | Obligations arising out of a separation agreement or divorce      |                     |
|      | ☐ Check if this claim is for a community debt                                | that you did not report as priority claims                        |                     |
|      | Is the claim subject to offset?                                              | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | □ No                                                                         | Other. Specify                                                    |                     |
|      | Yes                                                                          |                                                                   |                     |
| 4.3  |                                                                              |                                                                   |                     |
| 7.0  |                                                                              | Last 4 digits of account number                                   | \$                  |
|      | Nonpriority Creditor's Name                                                  | When was the debt incurred?                                       | Ψ                   |
|      |                                                                              | <del></del>                                                       |                     |
|      | Number Street                                                                |                                                                   |                     |
|      | City State ZIP Code                                                          | As of the date you file, the claim is: Check all that apply.      |                     |
|      | State ZIF Code                                                               | Contingent                                                        |                     |
|      | Who incurred the debt? Check one.                                            | Unliquidated                                                      |                     |
|      | Debtor 1 only                                                                | Disputed                                                          |                     |
|      | Debtor 2 only                                                                | Disputed                                                          |                     |
|      | ☐ Debtor 1 and Debtor 2 only                                                 | Type of NONDRIORITY unsequend alaim:                              |                     |
|      | At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:                              |                     |
|      | Dobatical Co.                                                                | Student loans                                                     |                     |
|      | ☐ Check if this claim is for a community debt                                | Obligations arising out of a separation agreement or divorce      |                     |
|      | Is the claim subject to offset?                                              | that you did not report as priority claims                        |                     |
|      | □ No                                                                         | Debts to pension or profit-sharing plans, and other similar debts |                     |
|      | Yes                                                                          | Other. Specify                                                    |                     |
|      |                                                                              |                                                                   | •                   |

Case 19-20660

Debtor 1

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

| 300 | numbar | (if known) |  |  |
|-----|--------|------------|--|--|

| Pai  | t 2: Your NONPRIORITY Unsecured Claims — Continua                 | tion Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Afte | er listing any entries on this page, number them beginning with 4 | .5, followed by 4.6, and so forth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|      |                                                                   | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Nonpriority Creditor's Name                                       | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|      | Number Street                                                     | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | City State ZIP Code  Who incurred the debt? Check one.            | ☐ Contingent☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 1 only                                                     | To a state of the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 2 only Debtor 1 and Debtor 2 only                          | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | At least one of the debtors and another                           | Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | Obligations arising out of a separation agreement or divorce that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | ☐ Check if this claim is for a community debt                     | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Is the claim subject to offset?                                   | Other. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | □ No                                                              | — Strict. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Yes                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|      | Nonpriority Creditor's Name                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Number Street                                                     | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | City State ZIP Code                                               | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Who incurred the debt? Check one.                                 | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 1 only                                                     | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 2 only                                                     | Type of NONDRIORITY unacquired alainst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 1 and Debtor 2 only                                        | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | At least one of the debtors and another                           | Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | Obligations arising out of a separation agreement or divorce that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | ☐ Check if this claim is for a community debt                     | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Is the claim subject to offset?                                   | Other. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | □ No                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Yes                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _    |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Marway and the same and the sam |
|      |                                                                   | hand did the terror of the terror                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|      |                                                                   | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Nonpriority Creditor's Name                                       | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Number Street                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Number Street                                                     | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | City State ZIP Code                                               | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      |                                                                   | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Who incurred the debt? Check one.                                 | ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 1 only                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 2 only                                                     | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Debtor 1 and Debtor 2 only                                        | ☐ Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | At least one of the debtors and another                           | Obligations arising out of a separation agreement or divorce that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | ☐ Check if this claim is for a community debt                     | you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | •                                                                 | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | Is the claim subject to offset?                                   | Other. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|      | □ No                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Yes

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

| aco r | umhar | (if known) |  |  |
|-------|-------|------------|--|--|

Part 3:

### List Others to Be Notified About a Debt That You Already Listed

|               |       |           | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
|---------------|-------|-----------|---------------------------------------------------------------------------------------------------------------------|
| Name          |       |           | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                              |
| Number Street |       |           | Part 2: Creditors with Nonpriority Unsecured Claims                                                                 |
|               |       |           |                                                                                                                     |
| City          | State | ZIP Code. | Last 4 digits of account number                                                                                     |
| Sity          | Oute  | Zii Çode. | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
| Name          |       |           |                                                                                                                     |
| Number Street |       |           | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured |
|               |       |           | Claims                                                                                                              |
| City          | State | ZIP Code  | Last 4 digits of account number                                                                                     |
|               |       |           | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
| Name          |       |           | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                              |
| Number Street |       |           | ☐ Part 2: Creditors with Nonpriority Unsecured                                                                      |
|               |       | ·         | Claims                                                                                                              |
| City          | State | ZIP Code  | Last 4 digits of account number                                                                                     |
| Name          |       |           | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
| tune .        |       |           | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                              |
| Number Street |       |           | ☐ Part 2: Creditors with Nonpriority Unsecured Claims                                                               |
|               |       |           |                                                                                                                     |
| City          | State | ZIP Code  | Last 4 digits of account number                                                                                     |
| Name          |       |           | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
| vanie         |       |           | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                              |
| Number Street |       |           | Part 2: Creditors with Nonpriority Unsecured                                                                        |
|               |       | 1         | Claims                                                                                                              |
| City          | State | ZIP Code  | Last 4 digits of account number                                                                                     |
| Name          |       |           | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
| vanio         |       |           | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                              |
| Number Street |       |           | Part 2: Creditors with Nonpriority Unsecured                                                                        |
|               |       | -         | Claims                                                                                                              |
| City          | State | ZIP Code  | Last 4 digits of account number                                                                                     |
| Name          |       | ·····     | On which entry in Part 1 or Part 2 did you list the original creditor?                                              |
|               |       |           | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims                                              |
| Number Street |       |           | ☐ Part 2: Creditors with Nonpriority Unsecured                                                                      |
|               |       |           | Claims                                                                                                              |

Case number (if known)

# Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

#### **Total claims** from Part 1

6a. Domestic support obligations

Middle Name

- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.
- **Total claims** from Part 2
- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

#### **Total claim**

- 6c.
- 6d.

#### Total claim

- 6h.

| Fill            | in this in                | formation                                                                                                 | to identify y                                                                      | our case:                                                              |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|-----------------|---------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------|----------------|----------------|
| Del             | otor                      |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
| Dal             | ntar O                    | First Name                                                                                                |                                                                                    | Middle Nam                                                             | е                                                              | Last Name                                                                                 |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | otor 2<br>ouse If filing) | First Name                                                                                                |                                                                                    | Middle Nam                                                             | e                                                              | Last Name                                                                                 |                                   |                                                                                                     |                                                           |                                              |                |                |
| Uni             | ted States I              | Bankruptcy C                                                                                              | ourt for the:                                                                      |                                                                        |                                                                | District of                                                                               |                                   |                                                                                                     |                                                           |                                              |                |                |
| Cas             | se number                 |                                                                                                           |                                                                                    |                                                                        |                                                                | (;                                                                                        | State)                            |                                                                                                     |                                                           |                                              |                |                |
|                 | known)                    |                                                                                                           |                                                                                    | <del></del>                                                            |                                                                | =                                                                                         |                                   |                                                                                                     |                                                           |                                              |                | cif this is an |
| L               |                           |                                                                                                           | 10                                                                                 |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              | amen           | ded filing     |
| <b>△</b> 4      | c: a: a t r               |                                                                                                           | 000                                                                                |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
| <u>On</u>       | riciai i                  | orm 1                                                                                                     | 06G                                                                                |                                                                        |                                                                |                                                                                           | -                                 |                                                                                                     |                                                           |                                              |                |                |
| Sc              | hedi                      | ule G:                                                                                                    | Exec                                                                               | utory                                                                  | Contr                                                          | acts a                                                                                    | nd Ur                             | nexpire                                                                                             | d Leas                                                    | es .                                         |                | 12/15          |
| inforaddi<br>1. | Do you h                  | f more spanges, write y<br>mave any ex<br>sheck this bo<br>Fill in all of t<br>rately each<br>rent, vehic | ce is needed<br>four name a<br>recutory cor<br>fox and file the<br>the information | i, copy the nd case not racts or with the form with the below ecompany | e additional umber (if known the court with whom y with whom y | page, fill it ou<br>own).<br>ases?<br>th your other s<br>tracts or lease<br>ou have the c | t, number chedules.` s are listed | r, both are equathe entries, and You have nothing on Schedule Aurilease. Then stee instruction book | d attach it to g else to repo /B: Property ( ate what eac | this page. (  ort on this for  Official Form | m.<br>106A/B). | of any         |
|                 |                           |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Dana                      |                                                                                                           |                                                                                    |                                                                        | 44                                                             | 4 1                                                                                       |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Person c                  | or company                                                                                                | with whom                                                                          | you nave                                                               | the contrac                                                    | t or lease                                                                                |                                   | State what t                                                                                        | he contract o                                             | r lease is f                                 | or             |                |
| 2.1             |                           |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           | •                                 |                                                                                                     |                                                           |                                              |                | •              |
| Н               | Name                      |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           | <del></del>                       |                                                                                                     |                                                           |                                              |                |                |
|                 |                           |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           | •                                            |                |                |
|                 | Number                    | Street                                                                                                    |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | City                      |                                                                                                           | Si                                                                                 | ate ZIP                                                                | 'Code                                                          |                                                                                           | <del></del>                       |                                                                                                     |                                                           |                                              |                |                |
| 2.0             | <del></del>               |                                                                                                           |                                                                                    |                                                                        |                                                                | <del></del>                                                                               | <del></del>                       |                                                                                                     |                                                           |                                              |                |                |
| 2.2             | Name                      |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | INAITIE                   |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Number                    | Street                                                                                                    | •                                                                                  |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | City                      |                                                                                                           |                                                                                    | ata 7/0                                                                | 0-4-                                                           |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
| 2.3             | City                      |                                                                                                           | 3                                                                                  | ate ZIP                                                                | Code                                                           | ······································                                                    |                                   | * .*·.                                                                                              |                                                           | ·                                            | ····           |                |
|                 | Name                      |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Name                      |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Number                    | Street                                                                                                    |                                                                                    |                                                                        | ······································                         |                                                                                           | <del></del>                       |                                                                                                     |                                                           |                                              |                |                |
|                 |                           |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | City                      |                                                                                                           | Si                                                                                 | ate ZIP                                                                | Code                                                           | *************                                                                             |                                   |                                                                                                     |                                                           | ***************************************      |                |                |
| 2.4             |                           |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Name                      |                                                                                                           |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Number                    | Street                                                                                                    |                                                                                    |                                                                        | ····                                                           | ***                                                                                       |                                   | -                                                                                                   |                                                           |                                              |                |                |
|                 |                           |                                                                                                           | ****                                                                               |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
| -               | City                      | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>                                                          | St                                                                                 | ate ZIP                                                                | Code                                                           |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
| 2.5             |                           |                                                                                                           |                                                                                    |                                                                        | ·                                                              |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Name                      |                                                                                                           | ·····                                                                              |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 | Number                    | Street                                                                                                    |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
|                 |                           | -                                                                                                         |                                                                                    |                                                                        |                                                                |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |
| ł               | City                      |                                                                                                           | St                                                                                 | ate ZIP                                                                | Code                                                           |                                                                                           |                                   |                                                                                                     |                                                           |                                              |                |                |

| Debtor 1 |        | The state of the s |                 |                            |                     | Case number (if known)                |    |                                        |  |  |  |  |
|----------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|---------------------|---------------------------------------|----|----------------------------------------|--|--|--|--|
|          |        | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name     | Last Name                  |                     |                                       |    |                                        |  |  |  |  |
|          |        | Additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Page if You H   | ave More Contracts or Lea  | ses                 |                                       |    |                                        |  |  |  |  |
|          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . *             | •                          |                     | \0/\bat the acuturet or large in fac- | ** |                                        |  |  |  |  |
|          | reisor | i or compan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | y with whom you | have the contract or lease |                     | What the contract or lease is for     |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            | - Citation - Income |                                       |    |                                        |  |  |  |  |
| ļ.,      | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            | <del></del>         |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | O.1.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 7/0.0                      |                     |                                       |    |                                        |  |  |  |  |
| ļ.,      | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | 7ID Code                   |                     |                                       |    |                                        |  |  |  |  |
| <u> </u> | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | •                          |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | 7ID Codo                   | <del></del>         |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | 710 0-4-                   |                     |                                       |    |                                        |  |  |  |  |
| <u></u>  | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| -        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Zii Gode                   |                     |                                       |    | ······································ |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
|          | ,      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           |                            |                     |                                       |    |                                        |  |  |  |  |
| 2        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Name   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                            |                     |                                       |    |                                        |  |  |  |  |
|          | Number | r Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | 4 1,                       |                     |                                       |    |                                        |  |  |  |  |
|          | City   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State           | ZIP Code                   |                     |                                       |    |                                        |  |  |  |  |
| •        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Cialo         |                            |                     |                                       |    |                                        |  |  |  |  |

| Fill in thi               | is information to identify y                      | our case:                                           |                                               |                                         |                                                                                                                                                                        |
|---------------------------|---------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                  |                                                   |                                                     |                                               |                                         |                                                                                                                                                                        |
|                           | First Name                                        | Middle Name                                         | Last Name                                     |                                         |                                                                                                                                                                        |
| Debtor 2<br>(Spouse, if t | filing) First Name                                | Middle Name                                         | Last Name                                     | <del></del>                             |                                                                                                                                                                        |
| United Sta                | ates Bankruptcy Court for the:                    |                                                     | District of                                   |                                         |                                                                                                                                                                        |
| Case num                  | nher                                              |                                                     | (Stat                                         | .e)                                     |                                                                                                                                                                        |
| (If known)                |                                                   |                                                     |                                               |                                         | ☐ Check if this is an                                                                                                                                                  |
|                           |                                                   |                                                     |                                               |                                         | amended filing                                                                                                                                                         |
| Officia                   | al Form 106H                                      |                                                     |                                               |                                         |                                                                                                                                                                        |
| Scho                      | dule H: Your                                      | Codobtor                                            |                                               |                                         |                                                                                                                                                                        |
|                           |                                                   |                                                     |                                               |                                         | 12/15                                                                                                                                                                  |
| people are<br>it out, and | e filing together, both are o                     | equally responsible boxes on the left.              | e for supplying corn<br>Attach the Addition   | ect information                         | complete and accurate as possible. If two married<br>n. If more space is needed, copy the Additional Page, fil<br>page. On the top of any Additional Pages, write your |
| 1. Do vo                  | ou have any codebtors? (If                        | vou are filing a joint                              | t case, do not list eith                      | er spouse as a                          | codebtor )                                                                                                                                                             |
| MA                        |                                                   | ,                                                   |                                               | o, opouoo uo u                          |                                                                                                                                                                        |
| ΠY                        |                                                   |                                                     |                                               |                                         |                                                                                                                                                                        |
|                           |                                                   |                                                     |                                               |                                         | Community property states and territories                                                                                                                              |
|                           |                                                   | , Louisiana, Nevada                                 | i, New Mexico, Puerto                         | ס Rico, Texas, V                        | Nashington, and Wisconsin.)                                                                                                                                            |
| /_\                       | lo. Go to line 3.<br>′es. Did your spouse, former | enouse or legal eg                                  | uivalent live with you                        | at the time?                            | •                                                                                                                                                                      |
|                           | es. Did your spouse, former<br>Di No              | spouse, or legal eq                                 | uivaieni iive wiin you                        | at the time?                            |                                                                                                                                                                        |
|                           |                                                   | state or territory did                              | vou live?                                     | Fil                                     | l in the name and current address of that person.                                                                                                                      |
| _                         |                                                   |                                                     |                                               |                                         | The name and canonical address of that person.                                                                                                                         |
|                           | Name of your spouse, former spo                   | ulea, or logal aguivalant                           |                                               |                                         |                                                                                                                                                                        |
|                           | wante or your spouse, former spo                  | use, or regar equivalent                            |                                               | •                                       |                                                                                                                                                                        |
|                           | Number Street                                     |                                                     |                                               |                                         |                                                                                                                                                                        |
|                           |                                                   |                                                     |                                               |                                         |                                                                                                                                                                        |
|                           | City                                              | State                                               | Zi                                            | IP Code                                 |                                                                                                                                                                        |
| show<br><i>Sch</i> e      | vn in line 2 again as a code                      | ebtor only if that pe<br>o), <i>Schedule E/F</i> (O | erson is a guarantor<br>official Form 106E/F) | or cosigner. N                          | your spouse is filing with you. List the person<br>Make sure you have listed the creditor on<br>G (Official Form 106G). Use <i>Schedule D,</i>                         |
| Colu                      | umn 1: Your codebtor                              |                                                     |                                               | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Column 2: The creditor to whom you owe the debt                                                                                                                        |
| 3.1                       |                                                   |                                                     |                                               |                                         | Check all schedules that apply:                                                                                                                                        |
| Nan                       | me                                                |                                                     |                                               |                                         | Schedule D, line                                                                                                                                                       |
|                           |                                                   |                                                     |                                               |                                         | ☐ Schedule E/F, line                                                                                                                                                   |
| Nun                       | mber Street                                       | •                                                   |                                               |                                         | ☐ Schedule G, line                                                                                                                                                     |
| City                      | 1                                                 | State                                               |                                               | ZIP Code                                |                                                                                                                                                                        |
| 3.2                       |                                                   |                                                     |                                               |                                         | D odratic D f                                                                                                                                                          |
| Nan                       | ne                                                |                                                     |                                               |                                         | Schedule D, line                                                                                                                                                       |
| Nun                       | mber Street                                       |                                                     |                                               |                                         | Schedule E/F, line                                                                                                                                                     |
|                           |                                                   |                                                     |                                               |                                         | ☐ Schedule G, line                                                                                                                                                     |
| City                      | 1                                                 | State                                               |                                               | ZIP Code                                |                                                                                                                                                                        |
| 3.3                       |                                                   |                                                     |                                               |                                         | Schedule D, line                                                                                                                                                       |
| Nan                       | me                                                |                                                     |                                               |                                         | Schedule E/F, line                                                                                                                                                     |

Number

Street

ZIP Code

State

☐ Schedule G, line \_\_\_\_\_

Filed 02/19/19 Case 19-20660 Doc 13

| Additional Page to List More Codebtors  Column 1: Your codebtor  Check all schedules that apply:    Schedule D, line   Schedule E/F, line   Schedule G, line   City State ZIP Code                                     | e the debt |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Column 1: Your codebtor  Check all schedules that apply:  Schedule D, line Schedule E/F, line  Number Street  Column 2: The creditor to whom you ow Check all schedules that apply:  Schedule D, line Schedule G, line | e the debt |
| Check all schedules that apply:    Schedule D, line   Schedule E/F, line   Number   Street   Schedule G, line                                                                                                          | e the debt |
| Check all schedules that apply:    Schedule D, line   Schedule E/F, line   Number   Street   Schedule G, line                                                                                                          |            |
| Name Schedule D, line  Schedule E/F, line  Number Street Schedule G, line                                                                                                                                              |            |
| Number Street Schedule E/F, line Schedule G, line                                                                                                                                                                      |            |
|                                                                                                                                                                                                                        |            |
| City State 710 Code                                                                                                                                                                                                    |            |
| City State ZIP Code                                                                                                                                                                                                    |            |
| 3   Schedule D, line                                                                                                                                                                                                   |            |
| Name Schedule E/F, line                                                                                                                                                                                                |            |
| Number Street                                                                                                                                                                                                          |            |
| City State ZIP Code                                                                                                                                                                                                    |            |
| 3.                                                                                                                                                                                                                     |            |
| Name Schedule D, line                                                                                                                                                                                                  |            |
| □ Schedule E/F, line                                                                                                                                                                                                   |            |
| Number Street Schedule G, line                                                                                                                                                                                         |            |
| City State ZiP Code                                                                                                                                                                                                    |            |
| 3_   Schedule D, line                                                                                                                                                                                                  |            |
| Name Schedule E/F, line                                                                                                                                                                                                |            |
| Number Street Schedule G, line                                                                                                                                                                                         |            |
| City State ZIP Code                                                                                                                                                                                                    |            |
| 3                                                                                                                                                                                                                      |            |
| Name Schedule D, line                                                                                                                                                                                                  |            |
| □ Schedule E/F, line                                                                                                                                                                                                   |            |
| Number Street Schedule G, line                                                                                                                                                                                         |            |
| City State ZIP Code                                                                                                                                                                                                    |            |
| 3_                                                                                                                                                                                                                     |            |
| Name  Schedule E/F, line                                                                                                                                                                                               |            |
| Number Street Schedule G, line                                                                                                                                                                                         |            |
| City State ZIP Code                                                                                                                                                                                                    |            |
| 3_                                                                                                                                                                                                                     |            |
| Name Schedule D, line                                                                                                                                                                                                  |            |
| Number Street Street Street Street                                                                                                                                                                                     |            |
|                                                                                                                                                                                                                        |            |
| City         State         ZIP Code           B                                                                                                                                                                        |            |
| Name Schedule D, line                                                                                                                                                                                                  |            |
| Name  Schedule E/F, line                                                                                                                                                                                               |            |
| Number Street Schedule G, line                                                                                                                                                                                         |            |
| City State ZIP Code                                                                                                                                                                                                    |            |

| Fill in this information to identify                                  | your case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                  |                                        |                                                                                                                                                                |  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Deliterat                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                  |                                        |                                                                                                                                                                |  |
| Debtor 1 First Name                                                   | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                  |                                  |                                        |                                                                                                                                                                |  |
| Debtor 2<br>(Spouse, if filing) First Name                            | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                  |                                  |                                        |                                                                                                                                                                |  |
| United States Bankruptcy Court for the:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | District of                                |                                  |                                        |                                                                                                                                                                |  |
| Case number                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (State                                     | ′ I                              | Check if thi                           | is is:                                                                                                                                                         |  |
| (If known)                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                  | ☐ An ame                               | ended filing                                                                                                                                                   |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                  |                                        | lement showing postpetition chapter 13 as of the following date:                                                                                               |  |
| Official Form 106l                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                  | MM / DD                                | D/ YYYY                                                                                                                                                        |  |
| Schedule I: You                                                       | ır Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                  |                                        | 12/15                                                                                                                                                          |  |
| supplying correct information. If yo                                  | ou are married and not fi<br>use is not filing with you,<br>top of any additional pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ling jointly, and yo<br>do not include inf | ur spouse is li<br>ormation abou | ving with your spou                    | r 2), both are equally responsible for<br>ou, include information about your spouse<br>ise. If more space is needed, attach a<br>nown). Answer every question. |  |
| Fill in your employment information.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 1                                   |                                  |                                        | Debtor 2 or non-filing spouse                                                                                                                                  |  |
| If you have more than one job,                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                  | ************************************** | Deptor 2 of non-ming apouse                                                                                                                                    |  |
| attach a separate page with information about additional employers.   | Employment status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employed  Not employ                       | ed                               |                                        | ☐ Employed ☐ Not employed                                                                                                                                      |  |
| Include part-time, seasonal, or self-employed work.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / . h                                      | 11,50                            | 12                                     |                                                                                                                                                                |  |
| Occupation may include student                                        | Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SUPER                                      | 11/0                             |                                        |                                                                                                                                                                |  |
| or homemaker, if it applies.                                          | Employer's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNITED PARCEL SERV                         |                                  |                                        | JK2                                                                                                                                                            |  |
|                                                                       | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10.25                                      | CHARL                            | or.                                    |                                                                                                                                                                |  |
|                                                                       | Employer's address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Number Street                              | Might                            | <u> </u>                               | Number Street                                                                                                                                                  |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                               |                                  |                                        |                                                                                                                                                                |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                  |                                        |                                                                                                                                                                |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GRAS VA                                    | net CA                           | 9594                                   | <u> </u>                                                                                                                                                       |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                       | State ZIP Co                     | ode                                    | City State ZIP Code                                                                                                                                            |  |
|                                                                       | How long employed the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | $\frac{2}{2}$                              | <b>RS</b>                        |                                        |                                                                                                                                                                |  |
| Part 2: Give Details About                                            | Monthly Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                  |                                        |                                                                                                                                                                |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m If you have noth                         | ing to report for                | any line writ                          | te \$0 in the space. Include your non-filing                                                                                                                   |  |
| spouse unless you are separated                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                  |                                        | -                                                                                                                                                              |  |
| If you or your non-filing spouse had below. If you need more space, a | ave more than one employ<br>ttach a separate sheet to t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rer, combine the info<br>this form.        | ormation for all e               | employers for                          | r that person on the lines                                                                                                                                     |  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | For D                            | Debtor 1                               | For Debtor 2 or non-filing spouse                                                                                                                              |  |
| List monthly gross wages, sal<br>deductions). If not paid monthly,    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 2. <u>\$24</u>                   | 400                                    | \$                                                                                                                                                             |  |
| 3. Estimate and list monthly over                                     | rtime pay.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | 3. +\$                           | $\mathcal{O}_{-}$                      | + \$                                                                                                                                                           |  |
| 4. Calculate gross income. Add li                                     | ne 2 + line 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | 4. \$24                          | 100                                    | \$                                                                                                                                                             |  |
| l                                                                     | ARTINI TO THE CONTROL OF THE PERSON OF THE P | the second on the second                   |                                  |                                        |                                                                                                                                                                |  |

| Debtor 1        | First Name Middle Name Last Name                                                                                                                                                                                                                                       |            | Case number (# know   | n)                                |                         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|-----------------------------------|-------------------------|
| - 14: F         |                                                                                                                                                                                                                                                                        |            | For Debtor 1          | For Debtor 2 or non-filing spouse |                         |
| Cop             | y line 4 here                                                                                                                                                                                                                                                          | <b>4</b> . | \$ 2400               | \$                                |                         |
| 5. List         | all payroll deductions:                                                                                                                                                                                                                                                |            | _                     |                                   |                         |
| 5a.             | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                          | 5a.        | \$ 344                | \$                                |                         |
|                 | Mandatory contributions for retirement plans                                                                                                                                                                                                                           | 5b.        | \$ 192                | \$                                | •                       |
| <b>5</b> c.     | Voluntary contributions for retirement plans                                                                                                                                                                                                                           | 5c.        | \$                    | \$                                |                         |
| 5d.             | Required repayments of retirement fund loans                                                                                                                                                                                                                           | 5d.        | \$ <i>O</i>           | \$                                |                         |
| 5e.             | Insurance                                                                                                                                                                                                                                                              | 5e.        | s 60                  | \$                                |                         |
| 5f.             | Domestic support obligations                                                                                                                                                                                                                                           | 5f.        | \$ <u> </u>           | \$                                |                         |
| 5g.             | Union dues                                                                                                                                                                                                                                                             | 5g.        | \$ <i>O</i>           | \$                                |                         |
| 5h.             | Other deductions. Specify:                                                                                                                                                                                                                                             | 5h.        | +s <                  | + \$                              |                         |
| 6. <b>Ad</b>    | d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.                                                                                                                                                                                              | 6.         | \$                    | \$                                |                         |
| 7. <b>Ca</b>    | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                       | 7.         | \$ 1204               | \$                                |                         |
| 8. <b>Lis</b> t | all other income regularly received:                                                                                                                                                                                                                                   |            |                       |                                   |                         |
| 8a.             | Net income from rental property and from operating a business, profession, or farm                                                                                                                                                                                     |            |                       |                                   |                         |
|                 | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                                                                                  | 8a.        | sO                    | \$                                |                         |
| 8b              | Interest and dividends                                                                                                                                                                                                                                                 | 8b.        | \$                    | \$                                |                         |
| .8c.            | Family support payments that you, a non-filing spouse, or a depende regularly receive                                                                                                                                                                                  | ent        | ^                     |                                   |                         |
|                 | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                             | 8c.        | \$                    | \$                                |                         |
| 8d.             | Unemployment compensation                                                                                                                                                                                                                                              | 8d.        | \$ 260                | \$                                |                         |
| 8e              | . Social Security                                                                                                                                                                                                                                                      | 8e.        | \$                    | \$                                |                         |
| 8f.             | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | nce<br>8f. | \$                    | \$                                |                         |
| 8g              | Pension or retirement income                                                                                                                                                                                                                                           | 8g.        | s ()                  | \$                                |                         |
| _               | Other monthly income. Specify:                                                                                                                                                                                                                                         | 8h.        | +\$ 0                 | + \$                              |                         |
|                 | d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                                                                                                                    | 9.         | \$12ZO                | \$                                |                         |
| i .             | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                   | 10.        | \$2424                | \$                                | = \$                    |
| 11 Sta          | te all other regular contributions to the expenses that you list in <i>Sche</i> e                                                                                                                                                                                      | dula .l    | <u> </u>              | ·                                 | l <b>L</b>              |
| Incl            | ude contributions from an unmarried partner, members of your household, yours or relatives.                                                                                                                                                                            |            |                       | nmates, and other                 |                         |
| Do              | not include any amounts already included in lines 2-10 or amounts that are                                                                                                                                                                                             | not av     | ailable to pay expens | ses listed in Schedule J.         |                         |
| Spe             | cify:                                                                                                                                                                                                                                                                  |            |                       | 11.                               | + \$                    |
|                 | If the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Your Assets and Liabilities and Certain S                                                                                                                   |            |                       | •                                 | s2424                   |
|                 | •                                                                                                                                                                                                                                                                      |            |                       |                                   | Combined monthly income |
|                 | you expect an increase or decrease within the year after you file this No.                                                                                                                                                                                             | form?      |                       |                                   |                         |
|                 | Yes. Explain:                                                                                                                                                                                                                                                          |            |                       |                                   |                         |
|                 |                                                                                                                                                                                                                                                                        |            |                       |                                   |                         |

| Fill in this information to identify                                                          | your case:                                                                              |                                                     |                        |                               |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|-------------------------------|
| Debtor 1                                                                                      | Middle Name Last Name                                                                   | Check if this                                       | s is:                  |                               |
| Debtor 2                                                                                      |                                                                                         | — ☐ An amei                                         |                        |                               |
| (Spouse, if filing) First Name                                                                | Middle Name Last Name                                                                   |                                                     | ement showing post     | petition chapter 13           |
| United States Bankruptcy Court for the:                                                       |                                                                                         | expense expense                                     | s as of the following  | date:                         |
| Case number (If known)                                                                        |                                                                                         | MM / DD                                             | / YYYY                 | ·                             |
| Official Form 106 l                                                                           | <del>180 - 1</del>                                                                      |                                                     |                        |                               |
| Official Form 106J Schedule J: You                                                            | ur Evnancae                                                                             |                                                     |                        |                               |
|                                                                                               |                                                                                         | ·                                                   |                        | 12/15                         |
|                                                                                               | essible. If two married people are filir<br>ed, attach another sheet to this form       |                                                     |                        | -                             |
| Part 1: Describe Your Hou                                                                     | sehold                                                                                  |                                                     |                        |                               |
| 1. Is this a joint case?                                                                      |                                                                                         | · · · · · · · · · · · · · · · · · · ·               |                        |                               |
| No. Go to line 2.                                                                             |                                                                                         |                                                     |                        |                               |
| Yes. Does Debtor 2 live in a s                                                                | eparate household?                                                                      |                                                     |                        |                               |
| No No No Nes Debtor 2 must file                                                               | e Official Form 106J-2, <i>Expenses for S</i>                                           | anarata Hausahald of Dahtar 2                       |                        |                               |
| 2. Do you have dependents?                                                                    |                                                                                         | eparate Household of Debtor 2.                      |                        |                               |
| Do not list Debtor 1 and Debtor 2.                                                            | ☐ No ☐ Yes. Fill out this information for each dependent                                | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's<br>age     | Does dependent live with you? |
| Do not state the dependents'                                                                  | each dependent                                                                          |                                                     |                        | ☐ No<br>☐ Yes                 |
| names.                                                                                        |                                                                                         |                                                     |                        | ☐ No                          |
|                                                                                               |                                                                                         |                                                     | ****                   | Yes                           |
|                                                                                               |                                                                                         |                                                     |                        | □ No                          |
|                                                                                               |                                                                                         |                                                     |                        | Yes                           |
|                                                                                               |                                                                                         |                                                     |                        | Yes                           |
|                                                                                               |                                                                                         |                                                     |                        | □ No                          |
|                                                                                               | **************************************                                                  |                                                     |                        | Yes                           |
| 3. Do your expenses include<br>expenses of people other than<br>yourself and your dependents? | □ No<br>□ Yes                                                                           |                                                     |                        |                               |
| Part 2: Estimate Your Ongoi                                                                   | ng Monthly Expenses                                                                     |                                                     |                        |                               |
|                                                                                               | bankruptcy filing date unless you a                                                     | re using this form as a supplen                     | nent in a Chapter 13 c | ase to report                 |
| expenses as of a date after the ban applicable date.                                          | kruptcy is filed. If this is a suppleme                                                 | ental <i>Schedule J</i> , check the box             | at the top of the form | and fill in the               |
|                                                                                               | -cash government assistance if you                                                      |                                                     | Vour ovno              |                               |
|                                                                                               | I it on <i>Schedule I: Your Income</i> (Office)<br>expenses for your residence. Include | •                                                   | Your expe              | G. A                          |
| any rent for the ground or lot.                                                               | Apended for your residence, include                                                     | met mortgage payments and                           | 4. \$ 1;6              | 00                            |
| If not included in line 4:                                                                    |                                                                                         |                                                     | 1                      | 50                            |
| 4a. Real estate taxes                                                                         |                                                                                         |                                                     | 4a. \$                 | 36                            |
| 4b. Property, homeowner's, or re                                                              |                                                                                         |                                                     | 4b. \$ 7               | 00                            |
| 4c. Home maintenance, repair, a                                                               |                                                                                         |                                                     | 4c. \$                 | <del>/</del>                  |
| 4d. Homeowner's association or                                                                | condominium dues                                                                        |                                                     | 4d. \$                 | <u> </u>                      |

Debtor 1

Case number (# known)\_

|     | riist Name Middle Name Last Name                                                                                                                                     |            |               |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
|     |                                                                                                                                                                      |            | Your expenses |
| 5.  | Additional mortgage payments for your residence, such as home equity loans                                                                                           | <b>5</b> . | \$            |
| 6.  | Utilities:                                                                                                                                                           |            | d O           |
|     | 6a. Electricity, heat, natural gas                                                                                                                                   | 6a.        | s 46          |
|     | 6b. Water, sewer, garbage collection                                                                                                                                 | 6b.        | s             |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                   | 6c.        | <u>\$ 150</u> |
|     | 6d. Other. Specify:                                                                                                                                                  | 6d.        | \$            |
| 7.  | Food and housekeeping supplies                                                                                                                                       | 7.         | \$ 500        |
| 8.  | Childcare and children's education costs                                                                                                                             | 8.         | \$ <b>O</b>   |
| 9.  | Clothing, laundry, and dry cleaning                                                                                                                                  | 9.         | \$Q           |
| 10. | Personal care products and services                                                                                                                                  | 10.        | \$ 50         |
| 11. | Medical and dental expenses                                                                                                                                          | 11.        | \$_50         |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.                                                                           | 12.        | \$ 50D        |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                                   | 13.        | \$            |
| 14. | Charitable contributions and religious donations                                                                                                                     | 14.        | \$            |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                            |            | _             |
|     | 15a. Life insurance                                                                                                                                                  | 15a.       | \$            |
|     | 15b. Health insurance                                                                                                                                                | 15b.       | s 280         |
|     | 15c. Vehicle insurance                                                                                                                                               | 15c.       | \$ 60         |
|     | 15d. Other insurance. Specify:                                                                                                                                       | 15d.       | \$            |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:                                                                           | 16.        | \$ <b>6</b>   |
| 17. | Installment or lease payments:                                                                                                                                       |            | ^             |
|     | 17a. Car payments for Vehicle 1                                                                                                                                      | 17a.       | \$            |
|     | 17b. Car payments for Vehicle 2                                                                                                                                      | 17b.       | \$            |
|     | 17c. Other Specify:                                                                                                                                                  | 17c.       | \$            |
|     | 17d. Other. Specify:                                                                                                                                                 | 17d.       | \$            |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.        | s             |
| 19. | Other payments you make to support others who do not live with you.                                                                                                  |            | <i>*</i>      |
|     | Specify:                                                                                                                                                             | 19.        | \$            |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom                                                                  | e.         | (0)           |
|     | 20a. Mortgages on other property                                                                                                                                     | 20a.       | \$            |
|     | 20b. Real estate taxes                                                                                                                                               | 20b.       | \$            |
|     | 20c. Property, homeowner's, or renter's insurance                                                                                                                    | 20c.       | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses                                                                                                                        | 20d.       | \$            |
|     | 20e. Homeowner's association or condominium dues                                                                                                                     | 20e.       | \$            |

| Debtor 1 First Name Middle Name Last Name                                                                                                                           | Case number (# known)  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
|                                                                                                                                                                     |                        |
| 21. Other. Specify:                                                                                                                                                 | 21. +\$                |
| 22. Calculate your monthly expenses.                                                                                                                                |                        |
| 22a. Add lines 4 through 21.                                                                                                                                        | 22a <b>\$ 3314</b>     |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106                                                                                   | 5J-2 22b. \$           |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                                                                                                     | 220. \$ 3314           |
| 23. Calculate your monthly net income.                                                                                                                              | 7474                   |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                                                                                   | 23a. \$ 272            |
| 23b. Copy your monthly expenses from line 22c above.                                                                                                                | 23b\$3314              |
| 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .                                                       | 23c. \$ -890           |
| 24 Do you expect an increase or decrease in your expenses within the year after                                                                                     | er you file this form? |
| For example, do you expect to finish paying for your car loan within the year or do mortgage payment to increase or decrease because of a modification to the terms |                        |
| . × No.                                                                                                                                                             |                        |

| Fill in this information to identi                                                                                                    | fy your case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | •                                        |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| Debtor 1                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check if this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a io:                                       |                                          |
| First Name Debtor 2                                                                                                                   | Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | An amer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                          |
| (Spouse, if filing) First Name                                                                                                        | Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | i i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | raea illing<br>ement showing post           | petition chapter 13                      |
| United States Bankruptcy Court for the                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s as of the following                       |                                          |
| Case number<br>(If known)                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MM / DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / YYYY                                      |                                          |
| Official Form 106J-2                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| Schedule J-2:                                                                                                                         | _<br>Expenses for Sepa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rate Household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of Debtor                                   | <b>2</b> 12/15                           |
| Debtor 2 have one or more dependently with respect to expenses for                                                                    | arate household expenses ONLY IF De<br>ndents in common, list the dependent<br>or Debtor 2 that are not reported on So<br>this form. On the top of any additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ts on both Schedule J and this for the second is second to the second the second is the second in the second is second in the second in the second in the second is second in the second | orm. Answer the que<br>ccurate as possible. | estions on this form<br>If more space is |
| Do you and Debtor 1 maintain                                                                                                          | separate households?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| No. Do not complete this Yes                                                                                                          | form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| 2. Do you have dependents?                                                                                                            | □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dependent's relationship to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dependent's                                 | Does dependent live                      |
| Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J. | Yes. Fill out this information for each dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Debtor 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | age                                         | with you?                                |
| Do not state the dependents'                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | ☐ No<br>☐ Yes                            |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | □ No □ Yes                               |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | □ No                                     |
| •                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | ☐ Yes                                    |
|                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | ☐ No<br>☐ Yes                            |
| 3. Do your expenses include expenses of people other thar yourself, your dependents, an Debtor 1?                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
|                                                                                                                                       | oing Monthly Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1  |
|                                                                                                                                       | ur bankruptcy filing date unless you a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | are using this form as a supplem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nent in a Chapter 13 o                      | case to report                           |
| expenses as of a date after the b                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                           |                                          |
|                                                                                                                                       | on-cash government assistance if you<br>led it on Schedule I: Your Income (Offi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Your expe                                   | nses                                     |
| 4. The rental or home ownership any rent for the ground or lot.                                                                       | o expenses for your residence. Include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e first mortgage payments and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. \$                                       |                                          |
| If not included in line 4:                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |
| 4a. Real estate taxes                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a. \$                                      |                                          |
| 4b. Property, homeowner's, o                                                                                                          | r renter's insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. \$                                      |                                          |
| to Hama maintananae ranai                                                                                                             | to and out of the second of th |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                          |

4d. Homeowner's association or condominium dues

| De  | btor 1 Cas                                                                                                                                             | se number (# known) |               |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|
|     | First Name Middle Name Last Name                                                                                                                       |                     |               |
|     |                                                                                                                                                        | ·                   | Your expenses |
| 5.  | Additional mortgage payments for your residence, such as home equity loans                                                                             | 5.                  | \$            |
| 6   | Utilities:                                                                                                                                             |                     |               |
| ٠.  | 6a. Electricity, heat, natural gas                                                                                                                     | 6 <b>a</b> .        | \$            |
|     | 6b. Water, sewer, garbage collection                                                                                                                   | 6b.                 | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                     | 6c.                 | \$            |
|     | 6d. Other. Specify:                                                                                                                                    | 6d.                 | \$            |
| 7.  | Food and housekeeping supplies                                                                                                                         | 7.                  | \$            |
| 8.  | <b></b>                                                                                                                                                | 8.                  |               |
| 9.  | Clothing, laundry, and dry cleaning                                                                                                                    | 9.                  | \$<br>\$      |
| 10. | Personal care products and services                                                                                                                    | 9.<br>10. ·         | \$            |
| 11. | Medical and dental expenses                                                                                                                            | 11.                 | \$            |
| 12. |                                                                                                                                                        | • • •               | <u> </u>      |
| -   | Do not include car payments.                                                                                                                           | 12.                 | \$            |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                     | 13.                 | \$            |
| 14. | Charitable contributions and religious donations                                                                                                       | 14.                 | \$            |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.                                                              |                     |               |
|     | 15a. Life insurance                                                                                                                                    | 15a.                | \$            |
|     | 15b. Health insurance                                                                                                                                  | 15b.                | \$            |
|     | 15c. Vehicle insurance                                                                                                                                 | 15c.                | \$            |
|     | 15d. Other insurance. Specify:                                                                                                                         | 15d.                | \$            |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                                                                       |                     |               |
|     | Specify:                                                                                                                                               | 16.                 | \$            |
| 17. | Installment or lease payments:                                                                                                                         |                     |               |
|     | 17a. Car payments for Vehicle 1                                                                                                                        | <b>17a</b> .        | \$            |
|     | 17b. Car payments for Vehicle 2                                                                                                                        | 17b.                | \$            |
|     | 17c. Other. Specify:                                                                                                                                   | <b>17c</b> .        | \$            |
|     | 17d. Other. Specify:                                                                                                                                   | 17d.                | \$            |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deduct your pay on line 5, Schedule I, Your Income (Official Form 106I). | cted from           | \$            |
| 19. | Other payments you make to support others who do not live with you.                                                                                    |                     |               |
|     | Specify:                                                                                                                                               | 19.                 | \$            |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I:                                                               | : Your Income.      |               |
|     | 20a. Mortgages on other property                                                                                                                       | 20a.                | \$            |
|     | 20b. Real estate taxes                                                                                                                                 | 20b.                | \$            |
|     | 20c. Property, homeowner's, or renter's insurance                                                                                                      | 20c.                | \$            |
|     | 20d. Maintenance, repair, and upkeep expenses                                                                                                          | 20d.                | \$            |
|     | 20e. Homeowner's association or condominium dues                                                                                                       | 20e.                | \$            |

| Debtor 1 Case r                                                                                                                                                                              | number (# known) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| First Name Middle Name Last Name                                                                                                                                                             |                  |
|                                                                                                                                                                                              |                  |
| 21. Other. Specify:                                                                                                                                                                          | 21. +\$          |
| 22. Your monthly expenses. Add lines 5 through 21. The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to ca total expenses for Debtor 1 and Debtor 2. | alculate the     |
|                                                                                                                                                                                              | <u> </u>         |
| 23. Line not used on this form.                                                                                                                                                              |                  |
|                                                                                                                                                                                              |                  |
|                                                                                                                                                                                              |                  |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this                                                                                               | is form?         |
| For example, do you expect to finish paying for your car loan within the year or do you expect your                                                                                          |                  |
| mortgage payment to increase or decrease because of a modification to the terms of your mortg                                                                                                | tgage?           |
| Yes. Explain here:                                                                                                                                                                           |                  |
|                                                                                                                                                                                              |                  |
|                                                                                                                                                                                              |                  |
|                                                                                                                                                                                              |                  |

| Fill in this information to identify your case:                                                                                |                                |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|                                                                                                                                |                                |
| Debtor 1 First Name Middle Name Last Name                                                                                      |                                |
| Debtor 2                                                                                                                       |                                |
| (Spouse, if filling) First Name Middle Name Last Name                                                                          |                                |
| United States Bankruptcy Court for the: District of                                                                            |                                |
| Case number                                                                                                                    | Check if this is an            |
| (If known)                                                                                                                     | amended filing                 |
|                                                                                                                                |                                |
|                                                                                                                                | •                              |
| Official Form 106Sum                                                                                                           |                                |
| Summary of Your Assets and Liabilities and Certain Statistica                                                                  | al Information 12/15           |
| Be as complete and accurate as possible. If two married people are filing together, both are equally respon                    | nsible for supplying correct   |
| information. Fill out all of your schedules first; then complete the information on this form. If you are filing               |                                |
| your original forms, you must fill out a new Summary and check the box at the top of this page.                                |                                |
| Part 1: Summarize Your Assets                                                                                                  |                                |
| Tate in Community Total Asserts                                                                                                |                                |
|                                                                                                                                | Your assets                    |
|                                                                                                                                | Value of what you own          |
| 1. Schedule A/B; Property (Official Form 106A/B)                                                                               | 260 000                        |
| 1a. Copy line 55, Total real estate, from Schedule A/B                                                                         | \$ 300,000                     |
|                                                                                                                                | \$ 360,000                     |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                   | s 11, 00                       |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i>                                                                 | 271 100                        |
| 10. Copy line co, Total of all property of Schedule 7/B                                                                        | \$ 311,100                     |
|                                                                                                                                |                                |
| Part 2: Summarize Your Liabilities                                                                                             |                                |
|                                                                                                                                |                                |
|                                                                                                                                | Your liabilities               |
|                                                                                                                                | Amount you owe                 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                              | .720,000                       |
| 2a. Copy the total you listed in Column A, <i>Amount of claim,</i> at the bottom of the last page of Part 1 of <i>Schedule</i> | \$ \frac{16.000}{16.000}       |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)                                                    | 16,000                         |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                 | \$ 10,000                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                              |                                |
|                                                                                                                                | + \$                           |
|                                                                                                                                | 72/000                         |
| Your total                                                                                                                     | liabilities \$236,000          |
|                                                                                                                                |                                |
| Part 3: Summarize Your Income and Expenses                                                                                     |                                |
|                                                                                                                                | •                              |
| 4. Schedule I: Your Income (Official Form 106I)                                                                                | .747.4                         |
| Copy your combined monthly income from line 12 of Schedule I                                                                   | \$ <u></u>                     |
| 5. Schedule J: Your Expenses (Official Form 106J)                                                                              | <u>\$2424</u><br><u>\$3314</u> |
| Copy your monthly expenses from line 22c of Schedule J                                                                         | \$ <b>371</b> T                |
|                                                                                                                                |                                |

| Debtor 1                   |                                                                                                                 |                                                                                       | Case number (if known)                                         |              |
|----------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|
| Fi                         | st Name Last Name Last Name                                                                                     |                                                                                       |                                                                |              |
| Part 4: An                 | swer These Questions for Adminis                                                                                | strative and Statistical Record                                                       | ls                                                             |              |
| 6. Are you fili            | ng for bankruptcy under Chapters 7, 1                                                                           | 1, or 13?                                                                             |                                                                |              |
| <b>100</b>                 | have nothing to report on this part of the                                                                      | form. Check this box and submit this                                                  | form to the court with your other                              | r schedules. |
| Yes                        |                                                                                                                 |                                                                                       |                                                                |              |
| ~                          | of debt do you have?                                                                                            | ·                                                                                     |                                                                |              |
| Your de family, d          | ebts are primarily consumer debts. <i>Con</i><br>or household purpose." 11 U.S.C. § 101(8)                      | nsumer debts are those "incurred by a<br>3). Fill out lines 8-9g for statistical purp | an individual primarily for a perso<br>poses. 28 U.S.C. § 159. | onal,        |
| Your de this form          | ebts are not primarily consumer debts.<br>n to the court with your other schedules.                             | You have nothing to report on this pa                                                 | art of the form. Check this box ar                             | nd submit    |
| 8. From the S<br>Form 122A | tatement of Your Current Monthly Inco<br>1 Line 11; OR, Form 122B Line 11; OR, F                                | ome: Copy your total current monthly<br>Form 122C-1 Line 14.                          | income from Official                                           | :2424        |
| 9. Copy the fo             | ollowing special categories of claims fr                                                                        | rom Part 4, line 6 of <i>Schedule E/F</i> :                                           |                                                                |              |
|                            |                                                                                                                 |                                                                                       | Total claim                                                    |              |
| From Par                   | t 4 on <i>Schedule E/F</i> , copy the following                                                                 | g:                                                                                    |                                                                |              |
| 9a. Domest                 | ic support obligations (Copy line 6a.)                                                                          |                                                                                       | \$O                                                            | -            |
| 9b. Taxes a                | nd certain other debts you owe the gover                                                                        | nment. (Copy line 6b.)                                                                | s 11,000                                                       |              |
| 9c. Claims                 | or death or personal injury while you were                                                                      | e intoxicated. (Copy line 6c.)                                                        | \$ <b>(</b>                                                    |              |
| 9d. Student                | loans. (Copy line 6f.)                                                                                          |                                                                                       | \$ 12,000                                                      |              |
|                            | ons arising out of a separation agreement<br>claims. (Copy line 6g.)                                            | t or divorce that you did not report as                                               | \$                                                             |              |
| 9f. Debts to               | pension or profit-sharing plans, and othe                                                                       | er similar debts. (Copy line 6h.)                                                     | + s                                                            |              |
| 9g. Total. A               | dd lines 9a through 9f.                                                                                         |                                                                                       | \$23,000                                                       |              |
|                            | Haddin haddin haddin yn 1960 ac deil ac dae ar ar yn ar ar ar ar yn yr yr yn yr yn y dae ar ar ar ar ar ar ar a |                                                                                       |                                                                |              |

| Fill in this inf                | ormation to ide    | entify your case: |                     |
|---------------------------------|--------------------|-------------------|---------------------|
| Debtor 1 _                      | First Name         | Middle Name       | Last Name           |
| Debtor 2<br>(Spouse, if filing) | First Name         | Middle Name       | Last Name           |
|                                 | ankruptcy Court fo | or the:           | District of (State) |
| Case number<br>(If known)       |                    |                   |                     |

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                                 |                                                                                               |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone wh                                     | no is NOT an attorney to help you fill out bankruptcy forms?                                  |
| No                                                                         |                                                                                               |
| ☐ Yes. Name of person                                                      | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                                            |                                                                                               |
|                                                                            |                                                                                               |
| Under penalty of perjury, I declare that I that they are true and correct. | have read the summary and schedules filed with this declaration and                           |
| that they are true and correct.                                            |                                                                                               |
| <b>×</b>                                                                   | *                                                                                             |
| Signature of Debtor 1                                                      | Signature of Debtor 2                                                                         |
| Date                                                                       | Date MM / DD / YYYY                                                                           |
|                                                                            |                                                                                               |

| Fill in this in     | formation to identify     | your case:  |           |  |
|---------------------|---------------------------|-------------|-----------|--|
| Debtor 1            | First Name                | Middle Name | Last Name |  |
| Debtor 2            |                           |             |           |  |
| (Spouse, if filing) | First Name .              | Middle Name | Last Name |  |
| United States F     | Bankruptcy Court for the: | District of |           |  |
| Case number         |                           |             | _         |  |
| (if known)          |                           |             |           |  |

#### Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case · number (if known). Answer every question.

| rt 1:      | Give Details About                                                                | Your Marital Stat       | us and Where Y                | ou Lived Before                                                                                                      |                                                          |
|------------|-----------------------------------------------------------------------------------|-------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| What is    | your current marital s                                                            | tatus?                  |                               |                                                                                                                      |                                                          |
| Man<br>Not | ried<br>married                                                                   |                         |                               |                                                                                                                      |                                                          |
| No         | the last 3 years, have                                                            |                         |                               |                                                                                                                      |                                                          |
| De         | ebtor 1:                                                                          |                         | Dates Debtor 1<br>lived there | Debtor 2:                                                                                                            | Dates Debtor 2<br>lived there                            |
|            |                                                                                   |                         |                               | ☐ Same as Debtor 1                                                                                                   | ☐ Same as Debtor 1                                       |
| -N         | umber Street                                                                      |                         | From<br>To                    | Number Street                                                                                                        | From<br>To                                               |
| Gi<br>     | ity                                                                               | State ZIP Code          |                               | City State ZIP Code                                                                                                  | <ul> <li>* ** ** ** **************************</li></ul> |
|            |                                                                                   |                         |                               | ☐ Same as Debtor 1                                                                                                   | Same as Debtor 1                                         |
| Ni         | umber Street                                                                      |                         | From                          | Number Street                                                                                                        | From<br>To                                               |
| Ci         | ity                                                                               | State ZIP Code          |                               | City State ZIP Code                                                                                                  |                                                          |
| states a   | the last 8 years, did yo<br>nd territories include Ar<br>. Make sure you fill out | izona, California, Idał | no, Louisiana, Neva           | valent in a community property state or territory?<br>da, New Mexico, Puerto Rico, Texas, Washington, an<br>m 106H). | (Community property<br>d Wisconsin.)                     |

Part 2: Explain the Sources of Your Incom

| Or 1 First Name Middle Name Last I                                                                                                                                                                                                                                                                                                           | Name                                                                                                                                                        | Case nu                                                                                                                                                      | ımber (# known)                                                                                                   |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Did you have any income from employmen<br>Fill in the total amount of income you received<br>If you are filing a joint case and you have inco                                                                                                                                                                                                | d from all jobs and all busi                                                                                                                                | nesses, including part-ti                                                                                                                                    | me activities.                                                                                                    | ndar years?                                           |
| No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                             |                                                                                                                                                              |                                                                                                                   |                                                       |
| ,                                                                                                                                                                                                                                                                                                                                            | Debtor 1                                                                                                                                                    |                                                                                                                                                              | Debtor 2                                                                                                          |                                                       |
| ·                                                                                                                                                                                                                                                                                                                                            | Sources of Income<br>Check all that apply.                                                                                                                  | Gross Income<br>(before deductions and<br>exclusions)                                                                                                        | Sources of income<br>Check all that apply.                                                                        | Gross income<br>(before deductions and<br>exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:                                                                                                                                                                                                                                                                      | Wages, commissions, bonuses, tips  Operating a business                                                                                                     | <u>\$600</u>                                                                                                                                                 | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                              | \$                                                    |
| For last calendar year: (January 1 to December 31,)                                                                                                                                                                                                                                                                                          | Wages, commissions, bonuses, tips                                                                                                                           | s 600                                                                                                                                                        | Wages, commissions, bonuses, tips                                                                                 | \$                                                    |
| For the calendar year before that:                                                                                                                                                                                                                                                                                                           | Wages, commissions, bonuses, tips  Operating a business                                                                                                     | <u> 600</u>                                                                                                                                                  | Operating a business  Wages, commissions, bonuses, tips Operating a business                                      | \$                                                    |
| Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filing                                                                                                                                                 | come is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav                                                                      | s of other income are ali<br>ome; interest; dividends<br>e income that you receiv                                                                            | ; money collected from laws<br>yed together, list it only once                                                    | suits; royalties; and                                 |
| Did you receive any other income during the linclude income regardless of whether that income unemployment, and other public benefit payment.                                                                                                                                                                                                | come is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav                                                                      | s of other income are ali<br>ome; interest; dividends<br>e income that you receiv                                                                            | ; money collected from laws<br>yed together, list it only once                                                    | suits; royalties; and                                 |
| Did you receive any other income during the Include income regardless of whether that include income gambling and lottery winnings. If you are filling List each source and the gross income from each         | come is taxable. Examples<br>nents; pensions; rental inc<br>g a joint case and you hav                                                                      | s of other income are ali<br>ome; interest; dividends<br>e income that you receiv                                                                            | ; money collected from laws<br>yed together, list it only once                                                    | suits; royalties; and                                 |
| Did you receive any other income during the Include income regardless of whether that income properties and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No Yes. Fill in the details.                                                                          | come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. D  Debtor 1  Sources of Income Describe below. | s of other income are ali<br>ome; interest; dividends<br>e income that you receiv                                                                            | ; money collected from laws<br>yed together, list it only once<br>at you listed in line 4.                        | suits; royalties; and                                 |
| Did you receive any other income during the Include income regardless of whether that income memployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.                                                                         | come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. D  Debtor 1  Sources of Income                 | s of other income are alii ome; interest; dividends e income that you receiv o not include income that  Gross income from each source (before deductions and | ; money collected from laws yed together, list it only once at you listed in line 4.  Debtor 2  Sources of income | Gross income from each source (before deductions and  |
| Did you receive any other income during the Include income regardless of whether that income property and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from the No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy: | come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. D  Debtor 1  Sources of Income Describe below. | Gross income from each source (before deductions and exclusions)                                                                                             | ; money collected from laws yed together, list it only once at you listed in line 4.  Debtor 2  Sources of income | Gross income from each source (before deductions and  |

| Debtor 1    | First Name Middle Name Last Name Case number (# known)                                                                                                                                                                                                                                                       |                         |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Part 3:     | List Certain Payments You Made Before You Filed for Bankruptcy                                                                                                                                                                                                                                               |                         |
|             |                                                                                                                                                                                                                                                                                                              |                         |
| 6. Are eith | her Debtor 1's or Debtor 2's debts primarily consumer debts?                                                                                                                                                                                                                                                 |                         |
| ☐ No.       | . Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. "incurred by an individual primarily for a personal, family, or household purpose."                                                                                                                    | § 101(8) as             |
|             | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?                                                                                                                                                                                                    |                         |
|             | ☐ No. Go to line 7.                                                                                                                                                                                                                                                                                          |                         |
|             | Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and total amount you paid that creditor. Do not include payments for domestic support obligations, such child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | the<br>n as             |
|             | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustr                                                                                                                                                                                              | nent.                   |
| 7 ve        | s. Debtor 1 or Debtor 2 or both have primarily consumer debts.                                                                                                                                                                                                                                               |                         |
| J 10.       | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?                                                                                                                                                                                                       |                         |
|             | □ No. Go to line 7.                                                                                                                                                                                                                                                                                          |                         |
|             | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid the creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.                      | iat                     |
|             |                                                                                                                                                                                                                                                                                                              |                         |
|             | Dates of Total amount paid Amount you still ov<br>payment                                                                                                                                                                                                                                                    | we Was this payment for |
|             | SAEI POINT MORGAG 4/30/18, 16,000 , 20,000                                                                                                                                                                                                                                                                   | Mortgage                |
|             | DOBOY 619063                                                                                                                                                                                                                                                                                                 | Car                     |
|             | Number Street                                                                                                                                                                                                                                                                                                | Credit card             |
|             |                                                                                                                                                                                                                                                                                                              | Loan repayment          |
|             | Dallas TX 962/1                                                                                                                                                                                                                                                                                              | ☐ Suppliers or vendors  |
|             | City State ZIP Code                                                                                                                                                                                                                                                                                          | Other                   |
|             |                                                                                                                                                                                                                                                                                                              |                         |
|             | PATELOS CREPAT \$\$                                                                                                                                                                                                                                                                                          | Mortgage                |
|             | Creditor's Name                                                                                                                                                                                                                                                                                              | ☐ Car                   |
|             | Number Street                                                                                                                                                                                                                                                                                                | ☐ Credit card           |
|             |                                                                                                                                                                                                                                                                                                              | Loan repayment          |
|             | Edinate Tie La CATA                                                                                                                                                                                                                                                                                          | ☐ Suppliers or vendors  |
|             | City State ZIP Cod O                                                                                                                                                                                                                                                                                         | Other                   |
|             |                                                                                                                                                                                                                                                                                                              |                         |
|             |                                                                                                                                                                                                                                                                                                              |                         |
|             | Creditor's Name                                                                                                                                                                                                                                                                                              | — Mortgage              |
|             |                                                                                                                                                                                                                                                                                                              | ☐ Car                   |
|             | Number Street                                                                                                                                                                                                                                                                                                | Credit card             |
|             |                                                                                                                                                                                                                                                                                                              | Loan repayment          |
|             |                                                                                                                                                                                                                                                                                                              | Suppliers or vendors    |
|             | City State ZIP Code                                                                                                                                                                                                                                                                                          | Other                   |
|             |                                                                                                                                                                                                                                                                                                              |                         |

| Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  ### Annual Process of Proc | First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case number (#known)                         |                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| siders include your relatives; any general partners; relatives of any general partners; partnerships of which you are an officer, director, person in control, or womer of 20% or more of their voting securities, and any managing pert, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, obtains a child support and allimony.  No  Yes. List all payments to an insider.  Dates of payment paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| Dates of payment to an insider.    Dates of payment   Dates of payment | isiders include your relatives; any general partners; re<br>orporations of which you are an officer, director, perso<br>gent, including one for a business you operate as a so<br>uch as child support and alimony.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | elatives of any<br>on in control, o     | general partners; processing the contract of the contract of 20% or the contract of the contra | partnerships of whic<br>more of their voting | h you are a general partner;<br>securities; and any managing                                                        |
| Payment   Paid   Owe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| Number Street  City State ZIP Code  Insider's Name Number Street  City State ZIP Code  Ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited n insider? clude payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still Reason for this payment paid owe include graditor's name.  Number Street  City State ZIP Code  Insider's Name  S  S  S  Insider's Name  S  S  S  S  S  Insider's Name  S  S  S  S  Insider's Name  S  S  S  S  S  Insider's Name  S  S  S  S  Insider's Name  S  S  S  S  Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | Reason for this payment                                                                                             |
| Number Street  City State ZIP Code  Insider's Name Number Street  City State ZIP Code  Ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited n insider? clude payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still Reason for this payment paid owe include graditor's name.  Number Street  City State ZIP Code  Insider's Name  S  S  S  Insider's Name  S  S  S  S  S  Insider's Name  S  S  S  S  Insider's Name  S  S  S  S  S  Insider's Name  S  S  S  S  Insider's Name  S  S  S  S  Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                           |                                                                                                                     |
| City State ZIP Code  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| Insider's Name  Number Street  State ZIP Code  State ZIP Code  State ZIP Code  Iithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited in insider? clude payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still Reason for this payment paid owe Include creditor's name  Insider's Name  Street  City State ZIP Code  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| Insider's Name  Number Street  State ZIP Code  State ZIP Code  State ZIP Code  In insider?  No  Yes. List all payments that benefited an insider.  Dates of payment paid owe Include creditor's name  Insider's Name  S S S  Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| Insider's Name  Number Street  City State ZIP Code  iithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited insider?  clude payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still Reason for this payment paid owe Insider's Name  Number Street  City State ZIP Code  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , * * * * * * * * * * * * * * * * * * * | was en sweet just                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              | Andrewski kontrologiski sufforjoj sum sudjug sprajeka s jeka komina spjenosje i i i spra A.Ma. kariska A.Maskadowin |
| Number Street  City State ZIP Code  iithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider?  clude payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of Total amount Amount you still owe Include creditor's name  Insider's Name  Number Street  City State ZIP Code  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                           |                                                                                                                     |
| ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited in insider? clude payments on debts guaranteed or cosigned by an insider.    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited in insider?  clude payments on debts guaranteed or cosigned by an insider.    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited in insider?  clude payments on debts guaranteed or cosigned by an insider.    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | ;<br>}                                                                                                              |
| ithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited in insider?  clude payments on debts guaranteed or cosigned by an insider.    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| n insider? Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of payment paid owe Reason for this payment include creditor's name  Insider's Name  Number Street  City State ZIP Code  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City State 7IP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                     |
| Number Street  City State ZIP Code  \$\$ Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | /ithin 1 year before you filed for bankruptcy, did yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ou make any p                           | payments or trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sfer any property o                          | n account of a debt that benefited                                                                                  |
| Number Street  City State ZIP Code  \$\$ Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ithin 1 year before you filed for bankruptcy, did yon insider? Include payments on debts guaranteed or cosigned by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
| City State ZIP Code  \$\$  Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ithin 1 year before you filed for bankruptcy, did yon insider?<br>clude payments on debts guaranteed or cosigned by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
| Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ithin 1 year before you filed for bankruptcy, did you insider?<br>clude payments on debts guaranteed or cosigned by<br>No<br>Yes. List all payments that benefited an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
| Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ithin 1 year before you filed for bankruptcy, did you insider? clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ithin 1 year before you filed for bankruptcy, did you insider? clude payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ithin 1 year before you filed for bankruptcy, did you insider? clude payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ithin 1 year before you filed for bankruptcy, did you insider? clude payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ithin 1 year before you filed for bankruptcy, did you insider? Include payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street  City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ithin 1 year before you filed for bankruptcy, did you insider? Include payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Output  Output  District Street  Ou | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Insider's Name  City State ZIP Code  Insider's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | an insider.  Dates of                   | Total amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount you still                             | Reason for this payment                                                                                             |

| btor 1       | First Name Middle Name                            | Last Name                                                                    | Case number (#known)                       |          |                       |
|--------------|---------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|----------|-----------------------|
|              |                                                   |                                                                              |                                            |          |                       |
| art 4:       | Identify Legal Actions, Re                        | possessions, and Foreclosure                                                 | 98                                         |          |                       |
| List all     | such matters, including personal ntract disputes. | kruptcy, were you a party in any la<br>injury cases, small claims actions, d |                                            | •        | •                     |
| Ye           | s. Fill in the details.                           | Nature of the case                                                           | Court or agency                            |          | Status of the case    |
| Ci           | ase title                                         |                                                                              |                                            |          | —— Pending            |
|              |                                                   |                                                                              | Court Name                                 |          | On appeal             |
| _            |                                                   |                                                                              | Number Street                              |          | Concluded             |
| C            | ase number                                        | ;<br>;                                                                       |                                            |          |                       |
| 0.           |                                                   |                                                                              | City State                                 | ZIP Code |                       |
|              | * en un anni                                      |                                                                              |                                            |          | over the or which is  |
| C            | ase title                                         | ,                                                                            | Court Name                                 |          | Pending               |
|              |                                                   |                                                                              | i                                          |          | On appeal             |
| -            |                                                   | <del></del> .                                                                | Number Street                              |          | Concluded             |
| Ca           | ase number                                        | :<br>:                                                                       | :                                          |          |                       |
|              |                                                   |                                                                              | City State                                 | ZIP Code |                       |
| <b>—</b> 16: | s. Fill in the information below.                 | Describe the proper                                                          | tv                                         | Date     | Value of the property |
| •            | Shell POINT P                                     | SORTERS HOU/<br>863                                                          |                                            | 10/31/   | 18:220,00             |
| ,            | PO Box 619                                        | 863 <sup>*</sup>                                                             | <del>.</del>                               |          | ,                     |
|              | Number Street                                     | Explain what happe                                                           | ned                                        |          |                       |
|              |                                                   | ☐, Property was                                                              |                                            |          |                       |
| _            | Dhet Te                                           | Property was                                                                 |                                            |          |                       |
| ·            | JAVA) R. IX                                       | ZIP Code Property was                                                        | garnished.<br>attached, seized, or levied. | •        |                       |
|              | City State                                        |                                                                              |                                            |          |                       |
|              |                                                   | Describe the proper                                                          | <b>ty</b><br>                              | Date     | Value of the proper   |
|              |                                                   | 1                                                                            |                                            | 1        |                       |
|              | Creditor's Name                                   |                                                                              |                                            | -        | <u> </u>              |
|              | Ordano, o mamo                                    | 1                                                                            |                                            | !        |                       |
|              | Number Street                                     | Explain what happe                                                           | ned                                        |          |                       |
|              |                                                   | Property was                                                                 | repossessed.                               |          |                       |
|              |                                                   | Property was                                                                 |                                            |          |                       |
|              | City State                                        | ZIP Code Property was                                                        |                                            |          |                       |
|              |                                                   | ☐ Property was                                                               | attached, seized, or levied.               |          |                       |

| btor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | First Name                                                                                                                                         | Middle Name                                                                             | Last Na              | ime                                      |                      | Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | eΓ (if known) |                                       |               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------|------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|---------------|--------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         | 200111               |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    | <b></b> .                                                                               |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         |                      | tcy, did any credit<br>iuse you owed a d |                      | ank or financia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ıl institutio | n, set off any                        | amounts fro   | m your |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                         | .,                   | ,                                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
| <i></i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes. Fill in the de                                                                                                                                | etails.                                                                                 |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         |                      | Describe the actio                       | on the creditor took |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Date action                           | Amount        | , is   |
| =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                         |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | was taken                             |               |        |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Creditor's Name                                                                                                                                    |                                                                                         |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Number Street                                                                                                                                      |                                                                                         |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u> -    |                                       | \$            |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         |                      |                                          |                      | P)MAK LAS ANTHONY Y THINKS WAS THE PROPERTY OF |               |                                       |               |        |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City                                                                                                                                               | State                                                                                   | ZIP Code             | Last 4 digits of ac                      | count number: Y)     | YYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                  |                                                                                         |                      | Edot 4 digito of do                      | ocani namber. 70     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nin 1 year befor                                                                                                                                   | e you filed fo                                                                          | or bankrupto         | y, was any of you                        | r property in the    | possession of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | an assigne    | e for the ben                         | efit of       |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         |                      | todian, or another                       |                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •             |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                         |                      |                                          | •                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
| <b>□</b> Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                                                                                |                                                                                         |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
| rt 5:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | List Certa                                                                                                                                         | in Gifts and                                                                            | d Contributi         | ions                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                                                                                        |                                                                                         |                      |                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                       |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nin 2 years befo<br>No<br>Yes. Fill in the de                                                                                                      |                                                                                         |                      | cy, did you give ar                      | ny gifts with a to   | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | 0 per person                          | 7             |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                                                                                                                                 | etails for each                                                                         | n gift.              | cy, did you give ar  Describe the gifts  |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | 0 per person  Dates you gav the gifts |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No<br>Yes. Fill in the do                                                                                                                          | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No<br>Yes. Fill in the do<br>Gifts with a total<br>per person                                                                                      | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No<br>Yes. Fill in the do                                                                                                                          | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No<br>Yes. Fill in the do<br>Gifts with a total<br>per person                                                                                      | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No<br>Yes. Fill in the de<br>Gifts with a total<br>per person                                                                                      | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No<br>Yes. Fill in the do<br>Gifts with a total<br>per person                                                                                      | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No<br>Yes. Fill in the de<br>Gifts with a total<br>per person                                                                                      | etails for each                                                                         | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the de<br>Gifts with a total<br>per person  Person to Whom You  Number Street                                                         | etails for each I value of more Gave the Gift                                           | n gift.              |                                          |                      | tal value of mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | re than \$60  | Dates you gav                         |               |        |
| With F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the de<br>Gifts with a total<br>per person  Person to Whom You                                                                        | etails for each I value of more Gave the Gift                                           | n gift.              | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav                         |               |        |
| With P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the de<br>Gifts with a total<br>per person  Person to Whom You  Number Street                                                         | etails for each I value of more Gave the Gift State                                     | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav                         | e Value<br>\$ |        |
| With P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh                                 | etails for each I value of more Gave the Gift State                                     | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationships  Gifts with a total of          | etails for each I value of more Gave the Gift State                                     | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationships  Gifts with a total of          | etails for each I value of more Gave the Gift State hip to you                          | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh  Gifts with a total oper person | etails for each I value of more Gave the Gift State hip to you                          | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh  Gifts with a total oper person | etails for each I value of more Gave the Gift State hip to you                          | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With Control of the C | Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh  Gifts with a total ver person     | etails for each I value of more Gave the Gift State hip to you                          | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With Control of the C | No Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh  Gifts with a total oper person | etails for each I value of more Gave the Gift State hip to you                          | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With N P P P P P P P P P P P P P P P P P P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh  Gifts with a total toper person  Person to Whom You   | etails for each I value of more Gave the Gift State hip to you value of more to         | ziP Code             | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |
| With V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes. Fill in the de Gifts with a total per person  Person to Whom You  Number Street  City  Person's relationsh  Gifts with a total ver person     | etails for each  I value of more  Gave the Gift  State  I value of more to state  State | n gift. e than \$600 | Describe the gifts                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Dates you gav<br>the gifts            | e Value<br>\$ |        |

| First Name Middle Name L                                                        | ast Name Case number (# known)_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| thin 2 years before you filed for banks                                         | uptcy, did you give any gifts or contributions with a total valu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | le of more than ¢¢     | 00 to any charity?     |
|                                                                                 | upicy, and you give any gifts of contributions with a total value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ie of filole than \$60 | to any charity?        |
| No<br>Yes. Fill in the details for each gift or co                              | ontribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                        |
| res. I in in the details for each girt of co                                    | orthibution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                        |
| Gifts or contributions to charities that total more than \$600                  | Describe what you contributed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date you contributed   | Value                  |
| that total more than \$600                                                      | pactors. Associated with Land at the second and second associated and the second associated and the second associated and the second associated associated associated and the second associated associ | contributed            |                        |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                      |                        |
| Charity's Name                                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | \$                     |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                      |                        |
|                                                                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                      | \$                     |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Number Street                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| City State ZIP Code                                                             | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                        |
|                                                                                 | After the second |                        |                        |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 6: List Certain Losses                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                                                 | uptcy or since you filed for bankruptcy, did you lose anything                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                        |
| No Yes. Fill in the details.  Describe the property you lost and                | Describe any Insurance coverage for the loss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of your           | Value of property      |
| how the loss occurred                                                           | Include the amount that insurance has paid. List pending insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date of your loss      | Value of property lost |
|                                                                                 | claims on line 33 of Schedule A/B: Property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                        |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Φ.                     |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Φ                      |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| 7: List Certain Payments or Tra                                                 | and an experience of the second secon | on 10 44 444 = 114 ;   |                        |
| -                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| ithin 1 year before you filed for bankru<br>u consulted about seeking bankruptc | uptcy, did you or anyone else acting on your behalf pay or tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nsfer any property     | to anyone              |
| clude any attorneys, bankruptcy petition                                        | preparers, or credit counseling agencies for services required in y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | our bankruptcy.        |                        |
| No                                                                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                        |
| Yes. Fill in the details.                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                                                 | Description and value of any property transferred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date payment or        | Amount of paymen       |
| Person Who Was Paid                                                             | -<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | transfer was<br>made   |                        |
| COLOUI VIIIU VVAS FAIU                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Number Street                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | \$                     |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | -                      |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | \$                     |
| City State ZIP Code                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                        |
| Suito Zir Gode                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Email or website address                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                        |
| Person Who Made the Payment, if Not You                                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  |                                                   |                                   | ,                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|-------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Description and value of any property tr                                                                                                         | ansferred                                         | Date payment or transfer was made | Amount of payment       |
| Person Who Was Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                   |                                   | ¢                       |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |                                                   |                                   | <b>-</b>                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  |                                                   |                                   | \$                      |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                   |                                   |                         |
| Email or website address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                                                                |                                                   |                                   |                         |
| Person Who Made the Payment, if Not You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                  |                                                   |                                   |                         |
| Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Description and value of any property tr                                                                                                         | ansferred                                         | Date payment or                   | Amount of pay           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | becompaint and value of any property tr                                                                                                          | unatelleu                                         | transfer was                      | Amount of payl          |
| Person Who Was Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                   | made                              |                         |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                  |                                                   |                                   | \$                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  |                                                   |                                   | \$                      |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | otcv. did you sell, trade, or otherwise t                                                                                                        | ransfer any property t                            | o anyone other tha                | n property              |
| City State ZIP Code thin 2 years before you filed for bankrup nsferred in the ordinary course of your I lude both outright transfers and transfers m not include gifts and transfers that you hav No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | business or financial affairs?<br>nade as security (such as the granting of                                                                      |                                                   |                                   |                         |
| thin 2 years before you filed for bankrup<br>nsferred in the ordinary course of your I<br>lude both outright transfers and transfers m<br>not include gifts and transfers that you hav<br>LNo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | business or financial affairs?<br>nade as security (such as the granting of                                                                      |                                                   | nortgage on your prop             | perty).                 |
| thin 2 years before you filed for bankrup<br>nsferred in the ordinary course of your I<br>lude both outright transfers and transfers m<br>not include gifts and transfers that you hav<br>LNo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).<br>Date transfe |
| thin 2 years before you filed for bankrup<br>nsferred in the ordinary course of your I<br>lude both outright transfers and transfers m<br>not include gifts and transfers that you hav<br>No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).  Date transf    |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your I lude both outright transfers and transfers m not include gifts and transfers that you hav No Yes. Fill in the details.  Person Who Received Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).  Date transf    |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your lide both outright transfers and transfers in the include gifts and transfers that you have solved by the course of transfers that you have solved by the course of transfer or the course of the course of the course of transfer or the course of the course | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).  Date transfe   |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your is lude both outright transfers and transfers in include gifts and transfers that you have No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).  Date transfe   |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your is lude both outright transfers and transfers in inot include gifts and transfers that you have bo Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).  Date transfe   |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your is lude both outright transfers and transfers in include gifts and transfers that you have No Yes. Fill in the details.  Person Who Received Transfer  City State ZIP Code  Person's relationship to you  Person Who Received Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | business or financial affairs? nade as security (such as the granting of we already listed on this statement.  Description and value of property | f a security interest or m  Describe any property | nortgage on your prop             | perty).  Date trans     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ddle Name                     | Last N       | ame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | se number (# kno                      | wn)                                                                                                    |          |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------|----------|-----------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              | otcy, did you transfer any pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | pperty to a self                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f-settled trus                        | t or similar device of w                                                                               | rhich ya | u                           |
| are a beneficiary? (The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | se are oft                    | en called as | set-protection devices.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
| No<br>Yes. Fill in the details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | i.                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
| Troo. Till ill allo dottallo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              | Description and value of the p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | roperty transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | red<br>                               |                                                                                                        |          | te transfer<br>s made       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
| Name of trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
| rt 8: List Certain Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nancial                       | Accounts     | , instruments, Safe Depo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sit Boxes, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and Storag                            | • Units                                                                                                |          |                             |
| Within 1 year before yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | u filed fo                    | r bankrupto  | cy, were any financial accour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nts or instrume                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ents held in                          | vour name. or for vour                                                                                 | benefit  |                             |
| brokerage houses, pen<br>No<br>Yes. Fill in the detai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | ds, coopera  | ttives, associations, and othe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | r financial ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | titutions.                            |                                                                                                        |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              | Last 4 digits of account numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eer Type of a<br>instrume                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ecount or<br>nt                       | Date account was closed, sold, moved, or transferred                                                   |          | alance befo<br>g or transfe |
| Name of Financial Institu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | itlon                         |              | xxxx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Chec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | king                                  |                                                                                                        | \$       |                             |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Savin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                        |          |                             |
| <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y market                              |                                                                                                        |          |                             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                         | ZIP Code     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Broke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                                                                        |          |                             |
| - and all the of the angle of the control of the co |                               | -            | H. (March, 1997) and the Charles Communication of the Charles Communicatio | A STATE OF THE STA | · · · · · · · · · · · · · · · · · · · | effektiventus vaitti. 16. välikkus kirjaksitusti <del>s paavastas</del> (16. jaavastas). 17. ja 17. ja |          |                             |
| Name of Financial Institu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ution                         |              | xxxx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                     |                                                                                                        | \$       |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Savin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                        |          |                             |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Mone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                        |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                        |          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | ZIP Code     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                        |          |                             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | •                                                                                                      |          |                             |
| Do you now have, or die<br>securities, cash, or othe<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d you ha<br>er valuab         | ve within 1  | year before you filed for ban                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | kruptcy, any s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | afe deposit                           | box or other depositor                                                                                 | y for    |                             |
| Do you now have, or di<br>securities, cash, or othe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d you ha<br>er valuab         | ve within 1  | year before you filed for ban  Who else had access to it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | kruptcy, any s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | afe deposit  Describe th              |                                                                                                        | y for    | Do vou sti                  |
| Do you now have, or die<br>securities, cash, or othe<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d you ha<br>er valuab         | ve within 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | kruptcy, any s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                        | y for    | Do you sti                  |
| Do you now have, or die securities, cash, or other No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d you ha<br>er valuab<br>ils. | ve within 1  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | kruptcy, any s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                        | y for    |                             |
| Do you now have, or di<br>securities, cash, or oth<br>No<br>Yes. Fill in the detai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d you ha<br>er valuab<br>ils. | ve within 1  | Who else had access to it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | kruptcy, any s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                        | y for    | □ No                        |
| Do you now have, or disecurities, cash, or other No Yes. Fill in the detai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d you ha<br>er valuab<br>ils. | ve within 1  | Who else had access to it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | kruptcy, any s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                                                                        | y for    | have it?                    |

| aye you stored property                                                                                                                                                                                                                                                       | in a storage unit or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                                                 |                                                                                                                                                                            |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| No<br>Yes. Fill in the details                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
| 1 63. I ili ili ili de detamo                                                                                                                                                                                                                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Who else has or had access to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | it?                                                                                               | Describe the contents                                                                                                                                                      | Do you st                             |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            | have it?                              |
| Name of Storage Facility                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | ·                                                                                                                                                                          | □ No<br>□ Yes                         |
| Number Street                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                                            |                                       |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                                                            |                                       |
| City                                                                                                                                                                                                                                                                          | State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Control for Someone El                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                            |                                       |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | neone else owns? Include a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ny property y                                                                                     | ou borrowed from, are storing                                                                                                                                              | for,                                  |
| or hold in trust for some                                                                                                                                                                                                                                                     | one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
| No                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
| Yes. Fill in the details                                                                                                                                                                                                                                                      | š.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Where is the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | Describe the property                                                                                                                                                      | Value                                 |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            |                                       |
| Owner's Name                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | 1                                                                                                                                                                          | 1.                                    |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                                            | \$                                    |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lumber Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                                            | \$                                    |
| Number Street                                                                                                                                                                                                                                                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lumber Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                                            | \$                                    |
| Number Street                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lumber Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                                            | \$                                    |
|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ZIP Code                                                                                          |                                                                                                                                                                            | .   \$                                |
| Number Street                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ZIP Code                                                                                          |                                                                                                                                                                            | \$                                    |
| City                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ZIP Code                                                                                          |                                                                                                                                                                            |                                       |
| City  10: Give Details                                                                                                                                                                                                                                                        | State ZIP Code  About Environme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ZIP Code                                                                                          |                                                                                                                                                                            |                                       |
| City  1 10: Give Details the purpose of Part 10,                                                                                                                                                                                                                              | State ZIP Code  About Environmenthe following definit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ontal Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                                            |                                       |
| City  1 10: Give Details the purpose of Part 10,                                                                                                                                                                                                                              | State ZIP Code  About Environme the following definit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ental Information  ions apply:  or local statute or regulatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n concerning                                                                                      | pollution, contamination, rele                                                                                                                                             | ases of                               |
| City  1 10: Give Details the purpose of Part 10, Environmental law mean                                                                                                                                                                                                       | State ZIP Code  About Environme the following definit as any federal, state, tances, wastes, or n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ental Information  ions apply: or local statute or regulationaterial into the air, land, so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n concerning                                                                                      | ter, groundwater, or other med                                                                                                                                             | ases of lium,                         |
| the purpose of Part 10.  Environmental law mean nazardous or toxic subsincluding statutes or reg                                                                                                                                                                              | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or nulations controlling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ental Information  ions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n concerning<br>il, surface wa<br>nces, wastes                                                    | ter, groundwater, or other med<br>s, or material.                                                                                                                          | lium,                                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or reg                                                                                                                                                                               | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or nulations controlling, facility, or property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environmental into the any environmental into the cleanup of these substates as defined under any environmental into the cleanup of these substates as defined under any environmental into the cleanup of these substates are considered in the cleanup of the cleanup o | n concerning<br>il, surface wa<br>nces, wastes                                                    | ter, groundwater, or other med                                                                                                                                             | lium,                                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or reg                                                                                                                                                                               | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or note that the following controlling facility, or property operate, or utilize it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ental Information  cions apply: or local statute or regulationaterial into the air, land, soin the cleanup of these substates as defined under any environ, including disposal sites.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n concerning<br>il, surface wa<br>nnces, wastes<br>onmental law                                   | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat                                                                                         | lium,<br>te, or                       |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material mea                                                                                                    | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or note that the following definitions controlling and facility, or property operate, or utilize it in anything an environment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n concerning<br>il, surface wa<br>nnces, wastes<br>onmental law                                   | ter, groundwater, or other med<br>s, or material.                                                                                                                          | lium,<br>te, or                       |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous m                                                                              | About Environmenthe following definitions any federal, state, tances, wastes, or note in the following definitions controlling and facility, or property operate, or utilize it in anything an environment of the following and facility, pollutant, controlling and facility, or property operate, or utilize it in anything an environment of the following and facility of the following definition and facility of the faci | ental Information  cions apply: or local statute or regulation naterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa                  | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox                                                       | lium,<br>te, or                       |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous m                                                                              | About Environmenthe following definitions any federal, state, tances, wastes, or note in the following definitions controlling and facility, or property operate, or utilize it in anything an environment of the following and facility, pollutant, controlling and facility, or property operate, or utilize it in anything an environment of the following and facility of the following definition and facility of the faci | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa                  | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox                                                       | lium,<br>te, or                       |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous mort all notices, releases,                                                    | About Environmenthe following definitions any federal, state, tances, wastes, or note in the following definitions controlling and facility, or property operate, or utilize it in anything an environmental, pollutant, controlling, and proceedings the facility of the faci | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  ronmental law defines as a hontaminant, or similar term.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa                  | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.                                      | lium,<br>te, or<br>ic                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous mort all notices, releases,                                                    | About Environmenthe following definitions any federal, state, tances, wastes, or note in the following definitions controlling and facility, or property operate, or utilize it in anything an environmental, pollutant, controlling, and proceedings the facility of the faci | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  ronmental law defines as a hontaminant, or similar term.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa                  | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox                                                       | lium,<br>te, or<br>ic                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous mort all notices, releases,                                                    | About Environmenthe following definitions any federal, state, tances, wastes, or note in the following definitions controlling and facility, or property operate, or utilize it in anything an environmental, pollutant, controlling, and proceedings the facility of the faci | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  ronmental law defines as a hontaminant, or similar term.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa                  | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.                                      | lium,<br>te, or<br>ic                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsincluding statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous mort all notices, releases, thas any governmental unitial.                     | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or note in the following definitions controlling and facility, or property operate, or utilize it in anything an environment in the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following definitions and proceedings the first notified you that the following definitions are proceedings the first notified you that the following definitions are proceedings the first notified you that the first notified you that the following definitions are proceedings the first notified you that the first notified y | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  ronmental law defines as a hontaminant, or similar term.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa                  | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.                                      | lium,<br>te, or<br>ic                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsuccious statutes or regulations and substance, hazardous material measubstance, hazardous mort all notices, releases, has any governmental un No                                                        | About Environmenthe following definitions any federal, state, tances, wastes, or nulations controlling a facility, or property operate, or utilize it ms anything an environterial, pollutant, controlling and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the same and pr | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  ronmental law defines as a hontaminant, or similar term.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa<br>ess of when t | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.<br>der or in violation of an environ | lium,<br>te, or<br>ic<br>imental law? |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsuccious statutes or regulations and substance, hazardous material measubstance, hazardous mort all notices, releases, has any governmental un No                                                        | About Environmenthe following definitions any federal, state, tances, wastes, or nulations controlling a facility, or property operate, or utilize it ms anything an environterial, pollutant, controlling and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the same and pr | ental Information  cions apply: or local statute or regulationaterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  cronmental law defines as a fontaminant, or similar term.  nat you know about, regardle you may be liable or potential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa<br>ess of when t | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.                                      | lium,<br>te, or<br>ic                 |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsuccious statutes or regulations and substance, hazardous material measubstance, hazardous mort all notices, releases, has any governmental un No                                                        | About Environmenthe following definitions any federal, state, tances, wastes, or nulations controlling a facility, or property operate, or utilize it ms anything an environterial, pollutant, controlling and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the init notified you that the same and proceedings the same and pr | ental Information  cions apply: or local statute or regulationaterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  cronmental law defines as a fontaminant, or similar term.  nat you know about, regardle you may be liable or potential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa<br>ess of when t | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.<br>der or in violation of an environ | lium,<br>te, or<br>ic<br>imental law? |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsuccious statutes or regulations and substance, hazardous material measubstance, hazardous mort all notices, releases, has any governmental un No                                                        | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or note in the following controlling operate, or utilize it in anything an environment of the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following and proceedings the first notified you that the following definition and proceedings the first notified you that the following definition and proceedings the first notified you that the following definition and proceedings the first notified you that the following definition and proceedings the first notified you that the  | ental Information  cions apply: or local statute or regulationaterial into the air, land, so the cleanup of these substates as defined under any environ, including disposal sites.  cronmental law defines as a fontaminant, or similar term.  nat you know about, regardle you may be liable or potential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa<br>ess of when t | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.<br>der or in violation of an environ | lium,<br>te, or<br>ic<br>imental law? |
| the purpose of Part 10, Environmental law mean nazardous or toxic subsuccious statutes or registre means any location, utilize it or used to own, Hazardous material measubstance, hazardous mort all notices, releases, has any governmental unities. Fill in the details No | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or note in the following controlling operate, or utilize it in anything an environmental, pollutant, controlling the following in the following state is a state in the following state in the following state is a state in the following state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following definition in the following definition in the following definition is any federal, state, and the following definition is any federal, state, and the following state is a state, and the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the fo | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any enviror, including disposal sites.  I conmental law defines as a hontaminant, or similar term. In at you know about, regardle you may be liable or potential.  Governmental unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa<br>ess of when t | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.<br>der or in violation of an environ | lium,<br>te, or<br>ic<br>imental law? |
| the purpose of Part 10, Environmental law mean nazardous or toxic substancial means any location, utilize it or used to own, Hazardous material means ubstance, hazardous mort all notices, releases, has any governmental units.                                             | State ZIP Code  About Environmenthe following definitions any federal, state, tances, wastes, or note in the following controlling operate, or utilize it in anything an environmental, pollutant, controlling the following in the following state is a state in the following state in the following state is a state in the following state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following definition in the following definition in the following definition is any federal, state, and the following definition is any federal, state, and the following state is a state, and the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the following state in the following state is a state in the fo | ental Information  cions apply: or local statute or regulation aterial into the air, land, so the cleanup of these substates as defined under any enviror, including disposal sites.  Ironmental law defines as a hontaminant, or similar term. That you know about, regardle you may be liable or potential.  Governmental unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n concerning<br>il, surface wa<br>inces, wastes<br>onmental law,<br>nazardous wa<br>ess of when t | ter, groundwater, or other med<br>s, or material.<br>, whether you now own, operat<br>iste, hazardous substance, tox<br>hey occurred.<br>der or in violation of an environ | lium,<br>te, or<br>ic<br>imental law? |

| ve you notified any governmental unit                                                                                                                                                                                                                                                                                                                      | of any release of hazardous r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | naterial?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                            | or any releases or mazar as as .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1101071011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ř                                                                                                                                       |                                                                        |
| No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
| root i iii iii die detailo.                                                                                                                                                                                                                                                                                                                                | Governmental unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Environmental la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | w. if you know it                                                                                                                       | Date of notice                                                         |
|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | portrainada de la compansa de la com |                                                                                                                                         |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
| Name of site                                                                                                                                                                                                                                                                                                                                               | Governmental unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
| Number Street                                                                                                                                                                                                                                                                                                                                              | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                            | City State ZIP C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                         |                                                                        |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second experience of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                                                                        |
| ye you been a party in any judicial or a                                                                                                                                                                                                                                                                                                                   | dministrative proceeding und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ler any environmental l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aw? Include settlement                                                                                                                  | s and orders.                                                          |
| No                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |                                                                        |
| Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                            | Court or agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nature of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A C35A                                                                                                                                  | Status of th                                                           |
|                                                                                                                                                                                                                                                                                                                                                            | ount of agains,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | case                                                                   |
| Case title                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | Pending                                                                |
|                                                                                                                                                                                                                                                                                                                                                            | Court Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>:</u><br>:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         | On appe                                                                |
|                                                                                                                                                                                                                                                                                                                                                            | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         | Gonclud                                                                |
|                                                                                                                                                                                                                                                                                                                                                            | Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         | Conclud                                                                |
| Case number                                                                                                                                                                                                                                                                                                                                                | City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                         |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                            | ony only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | L. 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         | 1                                                                      |
|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                         |                                                                        |
| 11: Give Details About Your Butthin 4 years before you filed for bankru                                                                                                                                                                                                                                                                                    | ıptcy, did you own a busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s or have any of the foll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                         | any business?                                                          |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot                                                                                                                                    | uptcy, did you own a busines<br>if in a trade, profession, or oth<br>npany (LLC) or limited liability<br>executive of a corporation<br>ing or equity securities of a c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         | any business?                                                          |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot                                                                                                                                    | uptcy, did you own a busines of in a trade, profession, or oth on any (LLC) or limited liability executive of a corporation ing or equity securities of a corporation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         | any business?                                                          |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot                                                                                                                                    | uptcy, did you own a busines of in a trade, profession, or oth on any (LLC) or limited liability executive of a corporation ing or equity securities of a corporation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the folloner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                        |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot                                                                                                                                    | uptcy, did you own a busines of in a trade, profession, or oth inpany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation in the details below for each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s or have any of the folloner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | me or part-time                                                                                                                         | number                                                                 |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or oth inpany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation in the details below for each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s or have any of the folloner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Employer Identification  Do not include Social S                                                                                        | number<br>ecurity number or ITIN.                                      |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or off inpany (LLC) or limited liability executive of a corporation ing or equity securities of a co Part 12. Ill in the details below for each Describe the nature of the be-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Identification  Do not include Social S  EIN:                                                                                  | number<br>ecurity number or ITIN.                                      |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or oth inpany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation in the details below for each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Identification  Do not include Social S                                                                                        | number<br>ecurity number or ITIN.                                      |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or off inpany (LLC) or limited liability executive of a corporation ing or equity securities of a co Part 12. Ill in the details below for each Describe the nature of the be-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Identification Do not include Social S EIN:                                                                                    | number<br>ecurity number or ITIN.                                      |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or off inpany (LLC) or limited liability executive of a corporation ing or equity securities of a co Part 12. Ill in the details below for each Describe the nature of the be-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Identification Do not include Social S  EIN:  Dates business existed  From To                                                  | number<br>ecurity number or ITIN.                                      |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or off inpany (LLC) or limited liability executive of a corporation ing or equity securities of a co Part 12. Ill in the details below for each Describe the nature of the be-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s or have any of the follower activity, either full-tipy partnership (LLP) orporation h business. usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Employer Identification Do not include Social S  EIN:  Dates business existed  From To                                                  | number<br>ecurity number or ITIN                                       |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and file  Business Name  Number Street                      | uptcy, did you own a busines of in a trade, profession, or of inpany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation ing or equity securities of a corporation in the details below for each Describe the nature of the box Name of accountant or book Describe the nature of the box Describe the na | s or have any of the follower activity, either full-tipy partnership (LLP) orporation h business. usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Employer Identification Do not include Social S  EIN:  Dates business existed  From To  Employer Identification                         | number<br>ecurity number or ITIN.                                      |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and fi                                                      | uptcy, did you own a busines of in a trade, profession, or of inpany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation ing or equity securities of a corporation in the details below for each Describe the nature of the box Name of accountant or book Describe the nature of the box Describe the na | s or have any of the follower activity, either full-tipy partnership (LLP) orporation h business. usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Employer Identification Do not include Social S  EIN:  Dates business existed  From To  Employer Identification Do not include Social S | number ecurity number or ITIN.  number ecurity number or ITIN.         |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and file  Business Name  Number Street  City State ZIP Code | uptcy, did you own a busines of in a trade, profession, or of inpany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation ing or equity securities of a corporation in the details below for each Describe the nature of the box Name of accountant or book Describe the nature of the box Describe the na | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Identification Do not include Social S  EIN:  Dates business existed  From To  Employer Identification                         | number ecurity number or ITIN.  number ecurity number or ITIN.         |
| thin 4 years before you filed for bankru  A sole proprietor or self-employed  A member of a limited liability con  A partner in a partnership  An officer, director, or managing of  An owner of at least 5% of the vot  No. None of the above applies. Go to  Yes. Check all that apply above and file  Business Name  Number Street                      | uptcy, did you own a busines of in a trade, profession, or othe pany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation ing or equity securities of a corporation ing the details below for each percentage of the below fo | s or have any of the foll<br>ner activity, either full-ti<br>y partnership (LLP)<br>orporation<br>h business.<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Employer Identification Do not include Social S  EIN:  Dates business existed  From To  Employer Identification Do not include Social S | number<br>ecurity number or ITIN.<br>number<br>ecurity number or ITIN. |

| ಕರ್ನಿಸುವ ಕ್ರಮ್ಮ ಪರ್ಕಾರಕ ಸಂಪರ್ವಸ್ಥೆ ಕರ್ಮ ಕ್ರಮ್ ಕ್ರಾಪ್ ಕ್ರಾಪ್ ಕ್ರಾಪ್ ಸ್ಥಾಪ್ ಸ್ಥಾಪ್ ಸ್ಥಿಸುತ್ತಿದ್ದಾರೆ. ಸ್ಥಾಪ್ ಸ್ಥಿ<br>ಸ್ಥಾಪ್ ಸ್ಥಿಸುತ್ತಿದ್ದಾರೆ ಸ್ಥಿಸುತ್ತಿದ್ದಾರೆ. |                                                      | and the second s |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                             | Describe the nature of the business                  | Employer Identification number  Do not include Social Security number or ITIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Business Name                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                      | EIN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Number Street                                                                                                                                               | Name of accountant or bookkeeper                     | Dates business existed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                      | From To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| City State ZIP Code                                                                                                                                         |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             | otcy, did you give a financial statement to any      | yone about your business? Include all financial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| stitutions, creditors, or other parties.                                                                                                                    |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No                                                                                                                                                          |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Yes. Fill in the details below.                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·                                                                                                                                                           | Date issued                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| None                                                                                                                                                        | <u> </u>                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name                                                                                                                                                        | MM / DD / YYYY                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Number Street                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Number Street                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City State ZIP Code                                                                                                                                         |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •                                                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12: Sign Below                                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17.4 Sign below                                                                                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| have read the answers on this Statemen                                                                                                                      | at of Financial Affairs and any attachments. a       | nd I declare under penalty of perjury that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| answers are true and correct. I understan                                                                                                                   | nd that making a false statement, concealing         | property, or obtaining money or property by frau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| in connection with a bankruptcy case car<br>18 U.S.C. §§ 152, 1341, 1519, and 3571.                                                                         | n result in fines up to \$250,000, or imprisonm      | ent for up to 20 years, or both.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 33,,,                                                                                                                                                       | ·                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 40 57 00 1160                                                                                                                                               | 4-                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                             | ×                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ~ JAUC N (AUNIU)                                                                                                                                            |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Debtor 1                                                                                                                                       | Signature of Debtor 2                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Debtor 1                                                                                                                                       | Signature of Debtor 2                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Debtor 1  Date 02/15/2019                                                                                                                      | Date                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date 10 / 10                                                                                                                                                | ·                                                    | Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date 10 / 10                                                                                                                                                | Date                                                 | Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Did you attach additional pages to Your S                                                                                                                   | Date                                                 | Filing for Bankruptcy (Official Form 107)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Did you attach additional pages to <i>Your S</i> No  Yes                                                                                                    | Date  Statement of Financial Affairs for Individuals |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Did you attach additional pages to <i>Your S</i> No  Yes                                                                                                    | Date                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Did you attach additional pages to <i>Your S</i> No  Yes  Did you pay or agree to pay someone who                                                           | Date  Statement of Financial Affairs for Individuals |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Debtor 1               |                      |             |             |
|------------------------|----------------------|-------------|-------------|
| Deptor 1               | First Name           | Middle Name | Last Name   |
| Debtor 2               |                      |             |             |
| (Spouse, if filing)    | First Name           | Middle Name | Last Name   |
| United States E        | Bankruptcy Court for | the:        | District of |
|                        |                      |             | (State)     |
| Case number (If known) |                      |             |             |

|   | ck one box only as directed in this form and in n 122A-1Supp:                                                                                                                          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| l | . There is no presumption of abuse.  The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A–2). |
| 3 | . The Means Test does not apply now because of qualified military service but it could apply later.                                                                                    |

#### Official Form 122A-1

# **Chapter 7 Statement of Your Current Monthly Income**

12/15

Doc 13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

| Pa | art 1: Calculate Your Current Monthly Income                                                                                                                                                                                                                                              |                                                    |                                         |                                         |                                                           |                                                                                              |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. | What is your marital and filing status? Check one only  Not married. Fill out Column A, lines 2-11.  Married and your spouse is filing with you. Fill out                                                                                                                                 |                                                    | ns A and B,                             | lines 2-11                              |                                                           |                                                                                              |
|    | ☐ Married and your spouse is NOT filing with you. Y                                                                                                                                                                                                                                       | ou and you                                         | r spouse ar                             | e:                                      |                                                           |                                                                                              |
|    | Living in the same household and are not leg                                                                                                                                                                                                                                              | jally separat                                      | ed. Fill out b                          | ooth Colur                              | nns A and B, lin                                          | es 2-11.                                                                                     |
|    | Living separately or are legally separated. Fil under penalty of perjury that you and your spous spouse are living apart for reasons that do not in                                                                                                                                       | se are legally                                     | separated u                             | ınder noni                              | bankruptcy law t                                          | hat applies or that you and your                                                             |
|    | Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have | f you are filing<br>during the 6 n<br>than once. F | on Septem<br>nonths, add<br>For example | ber 15, th<br>the incom<br>, if both sp | e 6-month perions<br>of for all 6 month<br>oouses own the | d would be March 1 through<br>as and divide the total by 6.<br>same rental property, put the |
|    |                                                                                                                                                                                                                                                                                           |                                                    |                                         |                                         | Column A<br>Debtor 1                                      | Column B Debtor 2 or non-filing spouse                                                       |
| 2. | Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions).                                                                                                                                                                                                    | nd commiss                                         | ions                                    |                                         | \$                                                        | \$                                                                                           |
| 3. | Alimony and maintenance payments. Do not include p Column B is filled in.                                                                                                                                                                                                                 | ayments fron                                       | n a spouse i                            | f                                       | \$                                                        | \$                                                                                           |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. It from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3.       | nclude regula<br>your depende                      | ir contributio<br>ents, parents         | ons<br>s,                               | \$                                                        | \$                                                                                           |
| 5. | Net income from operating a business, profession, or farm Gross receipts (before all deductions)                                                                                                                                                                                          | Debtor 1                                           | Debtor 2                                |                                         |                                                           |                                                                                              |
|    | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                 | - \$                                               | - \$                                    |                                         |                                                           |                                                                                              |
|    | Net monthly income from a business, profession, or farm                                                                                                                                                                                                                                   | \$                                                 | \$                                      | Copy<br>here→                           | \$                                                        | \$                                                                                           |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses                                                                                                                                                           | Debtor 1<br>\$                                     | Debtor 2<br>\$                          |                                         |                                                           |                                                                                              |
|    | Net monthly income from rental or other real property                                                                                                                                                                                                                                     | - p                                                | _ •                                     | Сору                                    | œ.                                                        | œ                                                                                            |
| 7. | Interest, dividends, and royalties                                                                                                                                                                                                                                                        | \$                                                 | \$                                      | here <del>-&gt;</del>                   | \$                                                        | \$<br>\$                                                                                     |
|    | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                   |                                                    |                                         |                                         | <b>—</b>                                                  | •                                                                                            |

| Debto | or 1               |                               |                                           |                                               |                                                                                                                | Ca          | ise number (if know         | (n)     |                                           |       |                 |   |
|-------|--------------------|-------------------------------|-------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|---------|-------------------------------------------|-------|-----------------|---|
|       |                    | First Name                    | Middle Name                               | Last Name                                     |                                                                                                                |             |                             | ,       |                                           |       |                 |   |
|       |                    |                               |                                           |                                               |                                                                                                                |             | Column A Debtor 1           |         | Column B<br>Debtor 2 or<br>non-filing spe | ouse  |                 |   |
| 8.    | Unemp              | loyment con                   | npensation                                |                                               |                                                                                                                |             | \$                          | _       | \$                                        |       |                 |   |
|       | under th<br>For y  | he Social Sed                 | curity Act. Instead                       | , list it here:                               | \$                                                                                                             |             |                             | -       |                                           |       |                 |   |
|       |                    |                               | ent income. Do nocial Security Act.       | ot include any amou                           | unt received that was a                                                                                        |             | \$                          | _       | \$                                        |       |                 |   |
|       | Do not<br>as a vic | include any b<br>tim of a war | penefits received ι<br>crime, a crime aga | under the Social Sec<br>ainst humanity, or in | fy the source and amoun<br>curity Act or payments re<br>nternational or domestic<br>age and put the total belo | eceived     |                             |         |                                           |       |                 |   |
|       |                    |                               |                                           |                                               |                                                                                                                |             | \$                          |         | \$                                        |       |                 |   |
|       |                    |                               |                                           |                                               |                                                                                                                |             | \$                          |         | \$                                        |       |                 |   |
|       | Total a            | amounts from                  | n separate pages,                         | if any.                                       |                                                                                                                | +           | + \$                        |         | + \$                                      |       |                 |   |
| 11.   |                    |                               |                                           | y income. Add lines<br>n A to the total for C | s 2 through 10 for each<br>column B.                                                                           |             | \$                          | ]+      | \$                                        |       | \$Total current |   |
| Pa    | rt 2:              | Determine                     | • Whether the i                           | Means Test App                                | lies to You                                                                                                    |             |                             |         |                                           |       | monthly income  |   |
| 12.   | Calcula            | ite your curr                 | ent monthly inco                          | ome for the year. F                           | ollow these steps:                                                                                             |             |                             |         |                                           | _     |                 | _ |
|       | 12a. C             | Copy your tota                | al current monthly                        | income from line 1                            | 1                                                                                                              |             |                             | Сору    | line 11 here 🖥                            | •     | \$              |   |
|       | N                  | Multiply by 12                | the number of m                           | onths in a year).                             |                                                                                                                |             |                             |         |                                           | _     | x 12            | • |
|       | 12b. <b>T</b>      | he result is y                | our annual incom                          | e for this part of the                        | form.                                                                                                          |             |                             |         | 12                                        | 2b. [ | \$              | ] |
| 13.   | Calcula            | ate the medi                  | an family income                          | e that applies to yo                          | u. Follow these steps:                                                                                         |             |                             |         |                                           |       |                 |   |
|       | Fill in th         | ne state in wh                | ich you live.                             |                                               |                                                                                                                |             |                             |         |                                           |       |                 |   |
|       | Fill in th         | ne number of                  | people in your ho                         | usehold.                                      |                                                                                                                |             |                             |         |                                           | г     |                 | 7 |
|       | To find            | a list of appli               | cable median inco                         | ome amounts, go on                            | household.<br>hine using the link specifi<br>t the bankruptcy clerk's c                                        | fied in the |                             |         | 13                                        | 3.    | \$              | ] |
| 14.   | How do             | the lines co                  | ompare?                                   |                                               |                                                                                                                |             |                             |         |                                           |       |                 |   |
|       | 14a. 🗖             | Line 12b is<br>Go to Part     | less than or equa<br>3.                   | I to line 13. On the t                        | top of page 1, check box                                                                                       | 1, There    | e is no presum <sub>i</sub> | otion o | f abuse.                                  |       |                 |   |
|       | 14b. 🗖             |                               | more than line 13<br>3 and fill out Form  |                                               | e 1, check box 2, The pre                                                                                      | ∍sumptio    | n of abuse is d             | leterm  | ined by Form                              | 122A  | 1-2.            |   |
| Pa    | rt 3:              | Sign Belo                     | w                                         |                                               |                                                                                                                |             |                             |         |                                           |       |                 |   |
|       |                    | By signing h                  | ere, I declare und                        | er penalty of perjury                         | that the information on                                                                                        | this state  | ement and in a              | ny atta | chments is tr                             | ue an | d correct.      |   |
|       |                    | <b>x</b>                      |                                           |                                               |                                                                                                                | ×           |                             |         |                                           |       |                 |   |
|       |                    | Signature                     | of Debtor 1                               |                                               |                                                                                                                | Signal      | ture of Debtor 2            |         |                                           |       |                 | - |
|       |                    | Date MM .                     | / DD /YYYY                                |                                               |                                                                                                                | Date        | MM / DD /YY                 | YY      |                                           |       |                 |   |
|       |                    | If you che                    | ecked line 14a, do                        | NOT fill out or file I                        | Form 122A-2.                                                                                                   |             |                             |         |                                           |       |                 |   |
|       |                    | If you che                    | ecked line 14b, fill                      | out Form 122A–2 a                             | and file it with this form.                                                                                    |             |                             |         |                                           |       |                 |   |

| Fill in this in                 | Fill in this information to identify your case: |             |                    |  |  |  |  |
|---------------------------------|-------------------------------------------------|-------------|--------------------|--|--|--|--|
| Debtor 1                        | First Name                                      | Middle Name | Last Name          |  |  |  |  |
| Debtor 2<br>(Spouse, if filing) | First Name                                      | Middle Name | Last Name          |  |  |  |  |
| United States E                 | Bankruptcy Court fo                             | or the:     | District of(State) |  |  |  |  |
| Case number<br>(If known)       |                                                 |             | <u> </u>           |  |  |  |  |

## Official Form 122A-1Supp

# Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

|                                                                                                                                                                                                                             | •                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part 1: Identify the Kind of Debts You Have                                                                                                                                                                                 |                                                                                                                                                                                                                                      |
| Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S personal, family, or household purpose." Make sure that your answer is consistent will Individuals Filing for Bankruptcy (Official Form 101). | .C. § 101(8) as "incurred by an individual primarily for a ith the answer you gave at line 16 of the <i>Voluntary Petition for</i>                                                                                                   |
| ☐ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, <i>There is</i> submit this supplement with the signed Form 122A-1.                                                                                | no presumption of abuse, and sign Part 3. Then                                                                                                                                                                                       |
| ☐ Yes. Go to Part 2.                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |
| Part 2: Determine Whether Military Service Provisions Apply to You                                                                                                                                                          |                                                                                                                                                                                                                                      |
| 2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?                                                                                                                                                          |                                                                                                                                                                                                                                      |
| ☐ No. Go to line 3.                                                                                                                                                                                                         |                                                                                                                                                                                                                                      |
| Yes. Did you incur debts mostly while you were on active duty or while you were 10 U.S.C. § 101(d)(1)); 32 U.S.C. § 901(1).                                                                                                 | performing a homeland defense activity?                                                                                                                                                                                              |
| ☐ No. Go to line 3.                                                                                                                                                                                                         |                                                                                                                                                                                                                                      |
| ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, Then submit this supplement with the signed Form 122A-1.                                                                                          | There is no presumption of abuse, and sign Part 3.                                                                                                                                                                                   |
| 3. Are you or have you been a Reservist or member of the National Guard?  □ No. Complete Form 122A-1. Do not submit this supplement.                                                                                        |                                                                                                                                                                                                                                      |
| ☐ Yes. Were you called to active duty or did you perform a homeland defense activ                                                                                                                                           | ity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).                                                                                                                                                                                      |
| No. Complete Form 122A-1. Do not submit this supplement.                                                                                                                                                                    |                                                                                                                                                                                                                                      |
| ☐ Yes. Check any one of the following categories that applies:                                                                                                                                                              |                                                                                                                                                                                                                                      |
| I was called to active duty after September 11, 2001, for at least<br>90 days and remain on active duty.                                                                                                                    | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1,                                                                                                                            |
| I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.                                           | check box 3, <i>The Means Test does not apply now</i> , and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The |
| I am performing a homeland defense activity for at least 90 days.                                                                                                                                                           | exclusion period means the time you are on active duty                                                                                                                                                                               |
| ☐ I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days                                                                                                                     | or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).                                                                                                                             |
| before I file this bankruptcy case.                                                                                                                                                                                         | If your exclusion period ends before your case is closed, you may have to file an amended form later.                                                                                                                                |

| Fill in this in                 | formation to iden    | tify your case:    |           |  |
|---------------------------------|----------------------|--------------------|-----------|--|
| Debtor 1                        | First Name           | Middle Name        | Last Name |  |
| Debtor 2<br>(Spouse, if filing) |                      | Middle Name        | Last Name |  |
| United States E                 | Bankruptcy Court for | the: District of _ | ·         |  |
| Case number<br>(if known)       |                      |                    | ,         |  |

| Check the appropriate box as directed in lines 40 or 42:  |
|-----------------------------------------------------------|
| According to the calculations required by this Statement: |
| ☐ 1. There is no presumption of abuse.                    |
| 2. There is a presumption of abuse.                       |
| ☐ Check if this is an amended filing                      |

#### Official Form 122A-2

## **Chapter 7 Means Test Calculation**

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| P  | art 1: Determine Your Adjusted Income                                                                                                                                        |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|    | •                                                                                                                                                                            |       |
| 1. | Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here                                                                                          | \$    |
| 2  | Did you fill out Column B in Part 1 of Form 122A–1?                                                                                                                          |       |
|    | ☐ No. Fill in \$0 for the total on line 3.                                                                                                                                   |       |
|    | ☐ Yes. Is your spouse filing with you?                                                                                                                                       |       |
|    | ☐ No. Go to line 3.                                                                                                                                                          |       |
|    | ☐ Yes. Fill in \$0 for the total on line 3.                                                                                                                                  |       |
| 3. | Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: |       |
|    | On line 11, Column B of Form 122A–1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?      |       |
|    | No. Fill in 0 for the total on line 3.                                                                                                                                       |       |
|    | Yes. Fill in the information below:                                                                                                                                          |       |
|    | State each purpose for which the income was used Fill in the amount you                                                                                                      |       |
|    | For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents are subtracting from your spouse's income               |       |
|    |                                                                                                                                                                              |       |
|    | <u></u>                                                                                                                                                                      |       |
|    | <u> </u>                                                                                                                                                                     |       |
|    | + \$                                                                                                                                                                         |       |
|    | Total\$Copy total here                                                                                                                                                       | · -\$ |
| 4. | Adjust your current monthly income. Subtract the total on line 3 from line 1.                                                                                                | \$    |

| Debtor 1             | First Name                                                   | Middle Name Last Nam                                    | 0                                                                                                                  | Case                                      | e number (if known)                         |                 |    |
|----------------------|--------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|-----------------|----|
| Part 2:              | Calculate Y                                                  | our Deductions from                                     | Your Income                                                                                                        |                                           |                                             |                 |    |
| answer               | the questions in                                             | lines 6-15. To find the I                               | nal and Local Standards<br>RS standards, go online u<br>e at the bankruptcy clerk'                                 | sing the link sp                          |                                             |                 |    |
| actual e             | xpenses if they ar                                           | e higher than the standar                               | egardless of your actual ex<br>ds. Do not deduct any amou<br>subtracted from income in                             | unts that you sub                         | tracted from your spe                       |                 |    |
| If your e            | expenses differ fro                                          | m month to month, enter                                 | the average expense.                                                                                               |                                           |                                             |                 |    |
| Whenev               | er this part of the                                          | form refers to <i>you</i> , it mea                      | ns both you and your spous                                                                                         | se if Column B of                         | Form 122A-1 is fille                        | d in.           |    |
| 5. <b>Th</b>         | e number of peo                                              | ple used in determining                                 | your deductions from inc                                                                                           | ome                                       |                                             |                 |    |
| plu                  | is the number of a                                           |                                                         | ned as exemptions on your<br>whom you support. This nu                                                             |                                           |                                             |                 |    |
| Natio                | nal Standards                                                | You must use the IRS                                    | National Standards to answ                                                                                         | er the questions                          | in lines 6-7.                               |                 |    |
| 6. <b>Fo</b><br>in t | od, clothing, and<br>the dollar amount                       | other items: Using the n<br>for food, clothing, and oth | number of people you entere<br>er items.                                                                           | ed in line 5 and t                        | he IRS National Stan                        | dards, fill     | \$ |
| fill<br>un<br>act    | in the dollar amou<br>der 65 and people<br>tual expenses are | nt for out-of-pocket health<br>who are 65 or older—bed  | the number of people you on care. The number of people ause older people have a funt, you may deduct the addition. | le is split into two<br>nigher IRS allowa | categories—people<br>ance for health care o | who are         |    |
| 7a.                  | Out-of-pocket h                                              | ealth care allowance per                                | person<br>\$                                                                                                       |                                           |                                             |                 |    |
| 7b.                  | Number of peop                                               | ole who are under 65                                    | ×                                                                                                                  |                                           |                                             |                 |    |
| 7c.                  | Subtotal. Multip                                             | ply line 7a by line 7b.                                 | \$                                                                                                                 | Copy here                                 | \$                                          |                 |    |
| P                    | eople who are 65                                             | years of age or older                                   |                                                                                                                    |                                           |                                             |                 |    |
| 7d.                  | Out-of-pocket h                                              | ealth care allowance per p                              | person<br>\$                                                                                                       |                                           |                                             |                 |    |
| 7e.                  | Number of peop                                               | ole who are 65 or older                                 | X                                                                                                                  |                                           |                                             |                 |    |
| 7f.                  | Subtotal. Multip                                             | oly line 7d by line 7e.                                 | \$                                                                                                                 | Copy here                                 | + \$                                        |                 |    |
| 7g.                  | Total. Add lines                                             | 7c and 7f                                               |                                                                                                                    |                                           | \$                                          | Copy total here | \$ |
|                      |                                                              |                                                         |                                                                                                                    |                                           |                                             |                 |    |

| ebtor 1      | First Name                                         | Middle Name                                              | Last Name                                                   | Case number (if known)                                                                                 |
|--------------|----------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|              | riist Name                                         | Middle Name                                              | Last Name                                                   |                                                                                                        |
| Local S      | tandards                                           | You must use                                             | the IRS Local Standards to                                  | answer the questions in lines 8-15.                                                                    |
|              |                                                    | on from the IRS<br>es into two parts                     |                                                             | has divided the IRS Local Standard for housing for                                                     |
| •            |                                                    | •                                                        | ·<br>· and operating expense:                               |                                                                                                        |
|              | -                                                  |                                                          | or rent expenses                                            |                                                                                                        |
|              | •                                                  |                                                          | 9, use the U.S. Trustee P                                   | -                                                                                                      |
|              |                                                    |                                                          | ink specified in the separa<br>e bankruptcy clerk's office. | e instructions for this form.                                                                          |
|              |                                                    |                                                          |                                                             | s: Using the number of people you entered in line 5, fill in the ag expenses.                          |
| 9. Hous      | sing and uti                                       | lities – Mortgage                                        | e or rent expenses:                                         |                                                                                                        |
|              |                                                    |                                                          | ou entered in line 5, fill in the rent expenses             | e dollar amount listed \$                                                                              |
| 9b. <b>T</b> | otal average                                       | monthly paymer                                           | nt for all mortgages and oth                                | er debts secured by your home.                                                                         |
| c            | ontractually                                       | he total average<br>due to each secu<br>hen divide by 60 | monthly payment, add all a<br>red creditor in the 60 mont   | mounts that are<br>is after you file for                                                               |
|              | Name of the                                        | creditor                                                 |                                                             | Average monthly                                                                                        |
|              |                                                    |                                                          |                                                             | payment                                                                                                |
|              |                                                    |                                                          |                                                             | \$                                                                                                     |
|              |                                                    |                                                          |                                                             | \$                                                                                                     |
|              |                                                    |                                                          |                                                             | <del></del>                                                                                            |
|              | ***************************************            |                                                          |                                                             | + \$                                                                                                   |
|              |                                                    | Total a                                                  | verage monthly payment                                      | \$ Copy                                                                                                |
| 9c.          | Net mortgag                                        | e or rent expense                                        | <u> </u>                                                    |                                                                                                        |
|              | Subtract line                                      | 9b (total averag                                         | e <i>monthly payment</i> ) from li                          | e 9a (mortgage or \$ Copy here                                                                         |
|              |                                                    |                                                          |                                                             |                                                                                                        |
|              |                                                    |                                                          | e Program's division of tl<br>expenses, fill in any addi    | e IRS Local Standard for housing is incorrect and affects \$ional amount you claim.                    |
| Expl         |                                                    |                                                          |                                                             |                                                                                                        |
| why:         |                                                    | 7-4                                                      |                                                             |                                                                                                        |
|              |                                                    |                                                          |                                                             |                                                                                                        |
| _            |                                                    |                                                          | Check the number of vehic                                   | es for which you claim an ownership or operating expense.                                              |
|              | <ol> <li>Go to line</li> <li>Go to line</li> </ol> |                                                          |                                                             |                                                                                                        |
| =            |                                                    | io to line 12.                                           |                                                             |                                                                                                        |
|              |                                                    |                                                          |                                                             |                                                                                                        |
|              |                                                    |                                                          |                                                             | and the number of vehicles for which you claim the our Census region or metropolitan statistical area. |
| Open         | g expens                                           | es, an in the ope                                        | · · · · · · · · · · · · · · · · · · ·                       | S                                                                                                      |

| Veili        | icle 1 Describe Vehicle 1:                                                                                                                                                                                  |                                                  |                     |                                 |      |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|---------------------------------|------|
|              | The pesting venice is                                                                                                                                                                                       |                                                  |                     |                                 |      |
|              |                                                                                                                                                                                                             |                                                  |                     |                                 |      |
|              | Ownership or leasing costs using IRS Local Stan                                                                                                                                                             |                                                  | \$ <u>_</u>         |                                 |      |
| 130.         | Average monthly payment for all debts secured to Do not include costs for leased vehicles.                                                                                                                  | y venicie 1.                                     |                     |                                 |      |
|              | To calculate the average monthly payment here amounts that are contractually due to each secur after you filed for bankruptcy. Then divide by 60.                                                           |                                                  | nths                |                                 |      |
|              | Name of each creditor for Vehicle 1                                                                                                                                                                         | Average monthly payment                          |                     |                                 |      |
|              |                                                                                                                                                                                                             | \$                                               |                     |                                 |      |
|              |                                                                                                                                                                                                             | + \$                                             |                     |                                 |      |
|              | Total average monthly payment                                                                                                                                                                               | \$                                               | Copy<br>here → - \$ | Repeat this amount on line 33b. |      |
|              | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this amount is le                                                                                                              | oos than EO ontor EO                             | \$                  | Copy net<br>Vehicle 1           |      |
|              |                                                                                                                                                                                                             | :ss than 50, enter 50                            |                     | expense here                    | \$   |
| Vehi         | iala 2 — Dagariba Vahiala 0                                                                                                                                                                                 | ess man po, enter po                             |                     | here                            | \$   |
| . •          | iala 2 — Dagariba Vahiala 0                                                                                                                                                                                 |                                                  |                     | here                            | \$   |
| 13d.         | icle 2 Describe Vehicle 2:                                                                                                                                                                                  | dard.                                            |                     | here                            | \$   |
| 13d.         | Ownership or leasing costs using IRS Local Stan  Average monthly payment for all debts secured by                                                                                                           | dard.                                            |                     | here                            | \$   |
| 13d.         | Ownership or leasing costs using IRS Local Stan  Average monthly payment for all debts secured to not include costs for leased vehicles.                                                                    | dardoy Vehicle 2.  Average monthly               |                     | here                            | \$   |
| 13d.         | Ownership or leasing costs using IRS Local Stan  Average monthly payment for all debts secured to not include costs for leased vehicles.                                                                    | dardoy Vehicle 2.  Average monthly               |                     | here                            | \$   |
| 13d.         | Ownership or leasing costs using IRS Local Stan  Average monthly payment for all debts secured to not include costs for leased vehicles.                                                                    | dard  Dy Vehicle 2.  Average monthly payment  \$ |                     | here                            | \$   |
| 13d.<br>13e. | Ownership or leasing costs using IRS Local Stan Average monthly payment for all debts secured to not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Total average monthly payment | dard  Dy Vehicle 2.  Average monthly payment  \$ | \$                  | Repeat this amount on           | \$   |
| 13d.<br>13e. | Ownership or leasing costs using IRS Local Stan Average monthly payment for all debts secured to not include costs for leased vehicles.  Name of each creditor for Vehicle 2                                | dard  Average monthly payment  \$  + \$          | Copy here - \$      | Repeat this amount on line 33c. | \$\$ |

| Debtor |                                                                                                                   |                                                                                                                                                            | Case number (if known)                                                                                                                                                                                                                                                                 |      |
|--------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|        | First Name Middle Na                                                                                              | ame Last Name                                                                                                                                              |                                                                                                                                                                                                                                                                                        |      |
|        |                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |      |
| Ot     | her Necessary Expenses                                                                                            | In addition to the expense deduction the following IRS categories.                                                                                         | ions listed above, you are allowed your monthly expenses for                                                                                                                                                                                                                           |      |
| 16.    | employment taxes, Social spay for these taxes. However                                                            | Security taxes, and Medicare taxes.`<br>ver, if you expect to receive a tax refu<br>the total monthly amount that is withly                                | rederal, state and local taxes, such as income taxes, self-<br>You may include the monthly amount withheld from your<br>und, you must divide the expected refund by 12 and<br>neld to pay for taxes.                                                                                   | \$   |
| 17.    | union dues, and uniform co                                                                                        | osts.                                                                                                                                                      | that your job requires, such as retirement contributions,                                                                                                                                                                                                                              | ¢    |
|        | Do not include amounts the                                                                                        | at are not required by your job, such                                                                                                                      | as voluntary 401(k) contributions or payroll savings.                                                                                                                                                                                                                                  | Φ    |
| 18.    | together, include payments                                                                                        | s that you make for your spouse's ten                                                                                                                      | our own term life insurance. If two married people are filing m life insurance. Do not include premiums for life urance, or for any form of life insurance other than term.                                                                                                            | \$   |
| 19.    | Court-ordered payments: agency, such as spousal o                                                                 |                                                                                                                                                            | pay as required by the order of a court or administrative                                                                                                                                                                                                                              |      |
|        | Do not include payments o                                                                                         | n past due obligations for spousal or                                                                                                                      | child support. You will list these obligations in line 35.                                                                                                                                                                                                                             | \$   |
| 20.    | Education: The total mont  as a condition for your jo                                                             | thly amount that you pay for education                                                                                                                     | n that is either required:                                                                                                                                                                                                                                                             |      |
|        |                                                                                                                   | •                                                                                                                                                          | no public education is available for similar services.                                                                                                                                                                                                                                 | \$   |
|        |                                                                                                                   | , , , , , , , , , , , , , , , , , , , ,                                                                                                                    |                                                                                                                                                                                                                                                                                        |      |
| 21.    |                                                                                                                   | nly amount that you pay for childcare,<br>or any elementary or secondary scho                                                                              | , such as babysitting, daycare, nursery, and preschool.<br>ool education.                                                                                                                                                                                                              | \$   |
| 22.    | is required for the health ar<br>health savings account. Inc                                                      | penses, excluding insurance costs<br>nd welfare of you or your dependents<br>clude only the amount that is more th<br>ince or health savings accounts shou |                                                                                                                                                                                                                                                                                        | \$   |
| 23.    | you and your dependents, service, to the extent neces is not reimbursed by your education of include payments for | such as pagers, call waiting, caller id<br>ssary for your health and welfare or the<br>employer.<br>or basic home telephone, internet and                  | hly amount that you pay for telecommunication services for lentification, special long distance, or business cell phone hat of your dependents or for the production of income, if it d cell phone service. Do not include self-employment A-1, or any amount you previously deducted. | + \$ |
| 24.    | Add all of the expenses a Add lines 6 through 23.                                                                 | allowed under the IRS expense allo                                                                                                                         | owances.                                                                                                                                                                                                                                                                               | \$   |
|        |                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |      |
|        |                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |      |
|        |                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |      |
|        |                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |      |
|        |                                                                                                                   |                                                                                                                                                            |                                                                                                                                                                                                                                                                                        | ·    |

|     | First Name Middle Name                                                                                   | Last Name                                    | Case number (if known)                                                                                                                                                                                                            |           |
|-----|----------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
|     | TRECTABLE MIGGIE Name                                                                                    | Lastivallie                                  |                                                                                                                                                                                                                                   | •         |
| Ad  | ditional Expense Deductions                                                                              |                                              | nal deductions allowed by the Means Test.<br>Ide any expense allowances listed in lines 6-24.                                                                                                                                     |           |
| 25. |                                                                                                          |                                              | n savings account expenses. The monthly expenses for health ecounts that are reasonably necessary for yourself, your spouse, or your                                                                                              |           |
|     | Health insurance                                                                                         |                                              | \$                                                                                                                                                                                                                                |           |
|     | Disability insurance                                                                                     |                                              | \$                                                                                                                                                                                                                                |           |
|     | Health savings account                                                                                   | 4                                            | <b>-</b> \$                                                                                                                                                                                                                       |           |
|     | Total                                                                                                    |                                              | \$Copy total here                                                                                                                                                                                                                 | \$        |
|     | Do you actually spend this total a                                                                       | mount?                                       |                                                                                                                                                                                                                                   |           |
|     | ☐ No. How much do you actuall☐ Yes                                                                       | y spend?                                     | \$                                                                                                                                                                                                                                |           |
| 26. | continue to pay for the reasonabl your household or member of you                                        | e and necessary ca<br>ur immediate family    | Id or family members. The actual monthly expenses that you will are and support of an elderly, chronically ill, or disabled member of who is unable to pay for such expenses. These expenses may LE program. 26 U.S.C. § 529A(b). | \$        |
| 7.  | Protection against family violer of you and your family under the l                                      | nce. The reasonabl<br>Family Violence Pre    | y necessary monthly expenses that you incur to maintain the safety evention and Services Act or other federal laws that apply.                                                                                                    | \$        |
|     | By law, the court must keep the n                                                                        | ature of these expe                          | enses confidential.                                                                                                                                                                                                               |           |
| 8.  | Additional home energy costs.                                                                            | Your home energy                             | costs are included in your insurance and operating expenses on line 8.                                                                                                                                                            |           |
|     | If you believe that you have home<br>8, then fill in the excess amount o                                 |                                              | are more than the home energy costs included in expenses on line<br>ts.                                                                                                                                                           | _         |
|     | You must give your case trustee of claimed is reasonable and necess                                      | documentation of yes                         | our actual expenses, and you must show that the additional amount                                                                                                                                                                 | <b>\$</b> |
| 9.  |                                                                                                          |                                              | are younger than 18. The monthly expenses (not more than \$160.42* ho are younger than 18 years old to attend a private or public                                                                                                 | œ.        |
|     | You must give your case trustee or reasonable and necessary and no                                       | documentation of year                        | our actual expenses, and you must explain why the amount claimed is d for in lines 6-23.                                                                                                                                          | Φ         |
|     | * Subject to adjustment on 4/01/                                                                         | 19, and every 3 yea                          | ars after that for cases begun on or after the date of adjustment.                                                                                                                                                                |           |
|     | Additional food and clothing ex<br>higher than the combined food an<br>5% of the food and clothing allow | d clothing allowand                          | ly amount by which your actual food and clothing expenses are<br>les in the IRS National Standards. That amount cannot be more than<br>ational Standards.                                                                         | \$        |
|     | To find a chart showing the maxin<br>this form. This chart may also be                                   | num additional allov<br>available at the bar | wance, go online using the link specified in the separate instructions for<br>kruptcy clerk's office.                                                                                                                             |           |
|     | You must show that the additiona                                                                         | l amount claimed is                          | reasonable and necessary.                                                                                                                                                                                                         | ÷         |
|     | Continuing charitable contribut                                                                          | ions. The amount t                           | hat you will continue to contribute in the form of cash or financial 26 U.S.C. § 170(c)(1)-(2).                                                                                                                                   | + \$      |
| 1.  |                                                                                                          | lable organization.                          |                                                                                                                                                                                                                                   |           |

| Debtor 1                   | First Name Middle Name                                                                                              | Last Name                                                   |                                           | Case nu                                        | mber (if known)         |            |    |
|----------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|------------------------------------------------|-------------------------|------------|----|
|                            | i i si Name Middle Name                                                                                             | Last Ivanië                                                 |                                           |                                                |                         |            |    |
| Deducti                    | ons for Debt Payment                                                                                                |                                                             |                                           |                                                | ٠.                      |            |    |
|                            | debts that are secured by an i<br>s, and other secured debt, fill                                                   |                                                             |                                           | luding home mor                                | tgages, vehicle         |            | ·  |
|                            | alculate the total average month<br>tor in the 60 months after you fi                                               |                                                             |                                           | ontractually due to                            | each secured            |            |    |
|                            | Mortgages on your home:                                                                                             |                                                             |                                           |                                                | Average monthly payment |            |    |
| 33a.                       | Copy line 9b here                                                                                                   |                                                             |                                           | <b></b>                                        | \$                      | _          | •  |
|                            | Loans on your first two veh                                                                                         | icles:                                                      |                                           |                                                |                         |            |    |
| 33b.                       | -                                                                                                                   |                                                             |                                           | <b>→</b>                                       | \$                      |            |    |
| 220                        |                                                                                                                     |                                                             |                                           |                                                | e                       | -          |    |
| 33c.                       |                                                                                                                     |                                                             |                                           | <b>7</b>                                       | Φ                       |            |    |
| 33d.                       | List other secured debts:                                                                                           |                                                             |                                           |                                                |                         |            |    |
|                            | Name of each creditor for oth<br>secured debt                                                                       | er Identify proper<br>secures the de                        |                                           | Does payment<br>include taxes<br>or insurance? |                         |            |    |
|                            |                                                                                                                     |                                                             |                                           | □ No                                           |                         |            |    |
|                            | -                                                                                                                   |                                                             |                                           | ☐ Yes                                          | \$                      |            |    |
|                            |                                                                                                                     |                                                             |                                           | □ No                                           | \$                      |            |    |
|                            |                                                                                                                     |                                                             |                                           | ☐ Yes                                          | ·                       |            |    |
|                            |                                                                                                                     |                                                             | <del></del>                               | ☐ No<br>☐ Yes                                  | + \$                    |            |    |
| 33e T                      | otal average monthly payment.                                                                                       | Add lines 33a through 33                                    | d                                         |                                                | · ·                     | Copy total |    |
|                            | era, average mentiny payment.                                                                                       | , ad iiiloo ood diiiodgii oo                                | <b>4.</b>                                 |                                                | <u> </u>                | here 👈     | \$ |
| 34. Are a                  | iny debts that you listed in lin<br>ther property necessary for yo                                                  | e 33 secured by your pr                                     | imary resider                             | nce, a vehicle,                                |                         |            |    |
|                            |                                                                                                                     | жи опременя ин <b>о сирр</b> е                              |                                           | pendemo.                                       |                         |            |    |
|                            | lo. Go to line 35.  'es. State any amount that you in listed in line 33, to keep possibet, divide by 60 and fill in | session of your property                                    | addition to the<br>(called the <i>cur</i> | payments<br>e amount).                         |                         |            |    |
|                            | Name of the creditor                                                                                                | Identify property that secures the debt                     | Total cure<br>amount                      |                                                | Monthly cure amount     |            |    |
|                            |                                                                                                                     |                                                             | \$                                        | ÷ 60 =                                         | \$                      | -          |    |
|                            |                                                                                                                     |                                                             | \$                                        | ÷ 60 =                                         | \$                      |            |    |
|                            |                                                                                                                     |                                                             | \$                                        | ÷ 60 =                                         | + \$                    | -          |    |
|                            |                                                                                                                     |                                                             |                                           | Total                                          | \$                      | Copy total | \$ |
| 35. <b>Do</b> ye<br>that a | ou owe any priority claims su<br>are past due as of the filing da                                                   | ch as a priority tax, chile<br>ate of your bankruptcy o     | d support, or                             | alimony –<br>C. § 507.                         |                         |            |    |
| . 🗀 N                      | lo. Go to line 36.                                                                                                  |                                                             |                                           | •                                              |                         |            |    |
| □ Y                        | es. Fill in the total amount of all<br>ongoing priority claims, sucl                                                | of these priority claims. Donate as those you listed in lin | o not include<br>e 19.                    | current or                                     |                         |            |    |
|                            | Total amount of all past-due                                                                                        |                                                             |                                           |                                                | \$                      | ÷ 60 =     | \$ |
|                            |                                                                                                                     |                                                             |                                           | <del></del>                                    |                         |            |    |

| 36. Are yout eligible to file a case under Chapter 192 11 U.S.C. § 100(c). For more information, go online using the link for Benkryptoy Sasce specified in the separate instructions for this form. Benkryptoy Basics may also be available at the bankryptoy deriks office.    No. Co to line 37.   Yes. Fill in the following information.   Project morethy plan payment if you were filing under Chapter 13   S.     Current multiplier for your distinct as stated on the list issued by the North Carolina) or by the Executive Office for United States Trustees (for all other districts).   To find a last of distinct multipliers that includes your district, go online using the link spocified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.   Average morthly administrative expense if you were filing under Chapter 13   S.     To find a last of distinct multipliers that includes your district, go online using the link spocified in the separate instructions for files form. This list may also be available at the bankruptcy clerk's office.   Average morthly administrative expense if you were filing under Chapter 13   S.     Add all of the deductions for debt payment.   S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tor 1                    | First Name                       | Middle Name                                | Last Name .                                      | <del></del>                                                   | Case n           | number (if know                         | n)            |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|--------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|------------------|-----------------------------------------|---------------|------------|-----------|
| For more information, go celline using the link for <i>Bankruptcy Basics</i> specified in the separate instructions for this form. <i>Bankruptcy Basics</i> may also be available at the bankruptcy clerk's office.    O. Go to line 37.     Yes. Fill in the following information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                  |                                            |                                                  |                                                               |                  | *************************************** |               | B4444      |           |
| Yes. Fill in the following information.   Projected monthly plan payment if you were filing under Chapter 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | For                      | r more informa                   | ation, go online us                        | sing the link for <i>Bankri</i>                  | <i>ruptcy Basic</i> s specified in th                         |                  |                                         |               |            |           |
| Projected monthly plan payment if you were filing under Chapter 13  Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Allabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).  To find a list of district multipliers that includes your district, go cellee using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  Average monthly administrative expense if you were filing under Chapter 13  Average monthly administrative expense if you were filing under Chapter 13  Average monthly administrative expense if you were filing under Chapter 13  Average monthly administrative expense if you were filing under Chapter 13  Average monthly administrative expense if you were filing under Chapter 13  Average monthly administrative expense if you were filing under Chapter 13  Copy Inc 32. All of the deductions for debt payment.  Add all of the allowed deductions.  Copy line 32, All of the additional expense deductions.  South and the allowed deductions south and the allowed link of the additional expense deductions.  Total deductions  South and the additional expense deductions.  Total deductions  Copy line 37, All of the deductions for debt payment.  South and the additional expense deductions.   | ☐ N                      | lo. Go to lin∈                   | <b>∋ 37</b> .                              |                                                  |                                                               |                  |                                         |               |            |           |
| Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Counts for districts in Alabama and byther districts.)  To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankrupty clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  Add all of the deductions for debt payment.  Add all of the adductions for debt payment.  Add all of the allowed deductions.  Copy line 24, All of the additional expense allowed under IRS expense allowances  Copy line 37, All of the additional expense deductions.  Copy line 37, All of the deductions for debt payment.  Total deductions  S  Copy line 37, All of the deductions for debt payment.  4 \$  Total deductions  S  Copy line 3, All of the additional expense deductions.  S  Copy line 4, adjusted current monthly income.  \$  S  Copy line 4, adjusted current monthly income.  \$  S  Copy line 38, Total deductions.  S  Copy line 38, Total deductions.  S  Copy line 395 from line 39a.  For the next 60 months (5 years).  X  Copy  S  Copy  S  Copy  Subtract line 396 from line 39a.  For the next 60 months (5 years).  Copy  S  Copy  S | ☐ Y                      | es. Fill in the                  | following informa                          | tion.                                            | •                                                             |                  |                                         |               |            |           |
| Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).  To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Projecte                         | d monthly plan pa                          | ayment if you were filir                         | ng under Chapter 13                                           |                  | \$                                      | <del></del>   |            |           |
| To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Administ<br>North Ca             | trative Office of the arolina) or by the E | ne United States Court                           | ts (for districts in Alabama                                  |                  | ¥                                       |               |            |           |
| Average monthly administrative expense it you were filling under Chapter 13    Add all of the deductions for debt payment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | To find a                        | a list of district mul                     | ate instructions for this                        | your district, go online usin<br>s form. This list may also b | ig the<br>be     | Х                                       |               |            |           |
| Add lines 33e through 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Average                          | : monthly administ                         | trative expense if you                           | were filing under Chapter                                     | 13               | \$                                      |               |            | \$        |
| 8. Add all of the allowed deductions.  Copy line 24, All of the expenses allowed under IRS spense allowances  Copy line 32, All of the additional expense deductions.  \$  Copy line 37, All of the deductions for debt payment.  **S  Total deductions  \$  Copy total here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. <b>Add</b> i<br>Add I | all of the der<br>lines 33e thro | ductions for deb                           | t payment.                                       |                                                               |                  |                                         |               | <u></u>    | \$        |
| 8. Add all of the allowed deductions.  Copy line 24, All of the expenses allowed under IRS superse allowences.  Copy line 32, All of the additional expense deductions.  \$  Copy line 37, All of the deductions for debt payment. +\$  Total deductions \$  Copy total here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | 4 74.                            |                                            |                                                  |                                                               |                  |                                         |               | L          |           |
| Copy line 24. All of the expenses allowed under IRS expense allowances  Copy line 37, All of the additional expense deductions\$  Copy line 37, All of the deductions for debt payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | otal De                  | eductions frc                    | om Income                                  |                                                  |                                                               |                  |                                         | 2.1           | . :        |           |
| Copy line 32, All of the expenses allowed under IRS expense allowances.  Copy line 37, All of the additional expense deductions\$  Copy line 37, All of the deductions for debt payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                  |                                            |                                                  | • •                                                           |                  |                                         |               |            |           |
| Copy line 32, All of the additional expense deductions \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Add a                 | all of the allo                  | wed deductions                             | •                                                |                                                               |                  |                                         |               |            |           |
| Copy line 32, All of the additional expense deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                  |                                            |                                                  | \$                                                            |                  |                                         |               |            |           |
| Copy line 37, All of the deductions for debt payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                  |                                            |                                                  |                                                               |                  |                                         |               |            |           |
| Total deductions  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Сору і                   | line 32, All of                  | the additional exp                         | pense deductions                                 | `\$                                                           |                  |                                         |               |            |           |
| Total deductions  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Copy                     | line 37, All of                  | f the deductions fc                        | or debt payment                                  | + \$                                                          |                  |                                         |               |            |           |
| Determine Whether There Is a Presumption of Abuse  39a. Copy line 4, adjusted current monthly income\$  39b. Copy line 38, Total deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                        |                                  |                                            | . ,                                              |                                                               |                  |                                         |               |            |           |
| 9. Calculate monthly disposable income for 60 months  39a. Copy line 4, adjusted current monthly income \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                  | •                                          | Total deductions                                 | \$                                                            | c                | opy total her                           | e             | <b>→</b>   | \$        |
| 39a. Copy line 4, adjusted current monthly income \$  39b. Copy line 38, Total deductions \$  39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$  Subtract line 39b from line 39a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | art 3:                   | Determi                          | ine <b>W</b> hether Th                     | nere is a Presump                                | tion of Abuse                                                 |                  |                                         |               |            |           |
| 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  Subtract line 39b from line 39a.  For the next 60 months (5 years).  X 60  39d. Total. Multiply line 39c by 60.  Significantly line 39c by 60.  The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. Calcı                 | ulate monthi                     | ly disposable inc                          | come for 60 months                               |                                                               | <u></u>          |                                         |               |            |           |
| Subtract line 39b from line 39a.  For the next 60 months (5 years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 39a.                     | Copy line 4,                     | , adjusted current                         | monthly income                                   | \$                                                            |                  |                                         |               |            |           |
| Subtract line 39b from line 39a.  For the next 60 months (5 years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 39b.                     | Copy line 38                     | 8, <b>Total deduction</b>                  | ıs                                               | - \$                                                          |                  |                                         |               |            |           |
| 39d. Total. Multiply line 39c by 60. \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 39c.                     |                                  |                                            |                                                  | \$                                                            |                  |                                         | \$            |            |           |
| O. Find out whether there is a presumption of abuse. Check the box that applies:  ☐ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  ☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.  ☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | For the nex                      | ct 60 months (5 ye                         | ars)                                             |                                                               |                  |                                         | x 60          | _          |           |
| <ul> <li>0. Find out whether there is a presumption of abuse. Check the box that applies:</li> <li>The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.</li> <li>The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.</li> <li>The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 39d.                     | Total. Multip                    | ply line 39c by 60.                        | •                                                |                                                               |                  |                                         | \$            | 1 11 - 1   | •         |
| <ul> <li>□ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.</li> <li>□ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.</li> <li>□ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                  |                                            |                                                  |                                                               |                  | L                                       |               |            | <u>\$</u> |
| <ul> <li>□ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.</li> <li>□ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.</li> <li>□ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ∩ Find                   | out whether                      | r thara is a nrasu                         | emotion of abuse Ch                              | each tha hav that annline:                                    |                  |                                         |               |            |           |
| to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.  The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                  | •                                          | •                                                | • •                                                           | ,                |                                         |               |            | •         |
| may fill out Part 4 if you claim special circumstances. Then go to Part 5.  The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | to                       | he line 390 ii<br>Part 5.        | s less than \$7,70                         | i0*. On the top of page                          | e 1 of this form, check box                                   | . 1, There       | ∍is no presu                            | ımption of ai | buse. Go   |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>П</b> ті              | he line 39d i<br>nay fill out Pa | s more than \$12,<br>rt 4 if you claim sp  | ,850*. On the top of pa<br>pecial circumstances. | age 1 of this form, check b<br>Then go to Part 5.             | ox 2, <i>The</i> | ere is a pres                           | umption of a  | abuse. You |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □ T                      | he line 39d i                    | is at least \$7,700                        | *, but not more than                             | \$12,850*. Go to line 41.                                     |                  |                                         |               |            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                                  |                                                               | on or aft        | or the date (                           | of adjustmor  |            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                  |                                            |                                                  |                                                               |                  |                                         |               |            |           |

| Debtor 1 |              | Case n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | umber (if known)                               |
|----------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|          |              | First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| 41.      | 41a.         | Fill in the amount of your total nonpriority unsecured debt. If you filled out A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |
|          |              | Summary of Your Assets and Liabilities and Certain Statistical Information Schedules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
|          |              | (Official Form 106Sum), you may refer to line 3b on that form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                             |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | x .25                                          |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          | 116          | 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |
|          | 410.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S Copy S                                       |
|          |              | Multiply line 41a by 0.25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | here→                                          |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| 42 F     | )otor        | mine whether the income you have left over after subtracting all allowed deducti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | one                                            |
|          |              | ough to pay 25% of your unsecured, nonpriority debt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Olis                                           |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          | nec          | k the box that applies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                              |
| Г        | <b>1</b> 1 1 | ine 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | no accompation of above                        |
| •        |              | o to Part 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | no presumption of abuse.                       |
|          | G            | o to Fait J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
| _        | <b>-</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Ļ        |              | ine 39d is equal to or more than line 41b. On the top of page 1 of this form, check bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | x 2, There is a presumption                    |
|          | 01           | fabuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | :                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| Part 4:  |              | Give Details About Special Circumstances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |
| rait 4   |              | Give Details About Special Circumstances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |
| 40.      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| 43 Do y  | ou h         | ave any special circumstances that justify additional expenses or adjustments o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | f current monthly income for which there is no |
| reas     | ona          | ble alternative? 11 U.S.C. § 707(b)(2)(B).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |
| _        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| <b>L</b> | ۷o. ا        | Go to Part 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · ·                                            |
|          | /oc          | Fill in the following information. All figures should reflect your average monthly expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ar income adjustment                           |
| _        | . CS.        | for each item. You may include expenses you listed in line 25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of income adjustment                           |
|          |              | tor out it that they more expenses you noted in line 25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          | ,            | You must give a detailed explanation of the special circumstances that make the expen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ses or income                                  |
|          |              | adjustments necessary and reasonable. You must also give your case trustee docume                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
|          |              | expenses or income adjustments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              | Chris a distallad sombar star and the star a | Average monthly expense                        |
|          |              | Give a detailed explanation of the special circumstances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or income adjustment                           |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * <del></del>                                  |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>-</b> \$                                    |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - <b>\$</b>                                    |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                              |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>c</b>                                       |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Ψ                                            |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ·                                            |
| Dovid B  |              | Sian Balana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
| Part 5:  | `            | Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              | By signing here, I declare under penalty of perjury that the information on this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and in any attachments is true and correct     |
|          |              | of organism note, i decide direct penalty of perjury that the information of this statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and in any attachments is true and correct.    |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              | × ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
|          | •            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
|          |              | Signature of Debtor 1 Signature of De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | btor 2                                         |
|          |              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                              |
|          |              | <b>5</b> .1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |
|          |              | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1000)                                         |
|          |              | MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | / YYYY                                         |
|          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |

| Fill in this in     | formation to ide    | entify your case: |                    |
|---------------------|---------------------|-------------------|--------------------|
| Debtor 1            | First Name          | Middle Name       | Last Name          |
| Debtor 2            |                     | Widale Halle      | Last Hame          |
| (Spouse, if filing) | First Name          | Middle Name       | Last Name          |
| United States I     | Bankruptcy Court fo | or the:           | District of(State) |
| Case number         |                     |                   | (State)            |
| (If known)          |                     |                   |                    |

#### Official Form 122B

### **Chapter 11 Statement of Your Current Monthly Income**

12/15

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A. lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column R Debtor 1 Debtor 2 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession, Debtor 1 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating expenses Copy here Net monthly income from a business, profession, or farm 6. Net income from rental and other real property Debtor 1 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating expenses Copy Net monthly income from rental or other real property

| Debto |                                                                                         | Case number (if known) |                            |                |
|-------|-----------------------------------------------------------------------------------------|------------------------|----------------------------|----------------|
|       | First Name Middle Name Last Name                                                        |                        |                            |                |
|       | ·                                                                                       |                        |                            |                |
|       |                                                                                         | Column A               | Column B                   |                |
|       |                                                                                         | Debtor 1               | Debtor 2                   |                |
|       |                                                                                         | 173                    |                            |                |
|       |                                                                                         |                        |                            |                |
| 7.    | Interest, dividends, and royalties                                                      | •                      | •                          |                |
|       | mision, and rejumber                                                                    | \$                     | <b>\$</b>                  |                |
|       |                                                                                         |                        |                            |                |
| 8.    | Unemployment compensation                                                               | \$                     | \$                         |                |
|       |                                                                                         | •                      |                            |                |
|       | Do not enter the amount if you contend that the amount received was a benefit           |                        |                            |                |
|       | under the Social Security Act. Instead, list it here:                                   |                        | •                          |                |
|       |                                                                                         |                        |                            |                |
|       | For you\$                                                                               |                        |                            |                |
|       | 1 of you                                                                                |                        |                            |                |
|       |                                                                                         |                        |                            |                |
|       | For your spouse\$                                                                       |                        |                            |                |
|       |                                                                                         |                        | • 1                        |                |
| ٥     | Pension or retirement income. Do not include any amount received that was a             |                        |                            |                |
| 9.    | benefit under the Social Security Act.                                                  |                        | ·<br>•                     |                |
|       | beliefit drider the oodial occurry Act.                                                 | \$                     | Ψ                          |                |
|       |                                                                                         |                        |                            |                |
| 10.   | Income from all other sources not listed above. Specify the source and amount.          |                        |                            |                |
|       | Do not include any benefits received under the Social Security Act or payments          |                        |                            |                |
|       | received as a victim of a war crime, a crime against humanity, or international or      |                        |                            |                |
|       | domestic terrorism.                                                                     |                        |                            |                |
|       | If necessary, list other sources on a separate page and put the total below.            |                        |                            |                |
|       | in necessary, list other sources on a separate page and put the total pelow.            |                        | •                          |                |
|       |                                                                                         | <b>e</b>               | \$                         |                |
| Ì     |                                                                                         | Ψ                      | <u> </u>                   |                |
|       |                                                                                         |                        | •                          |                |
|       |                                                                                         | \$                     | \$                         |                |
|       |                                                                                         |                        |                            |                |
|       | Total amounts from separate pages, if any.                                              | + <b>s</b>             | + \$                       |                |
|       |                                                                                         | Ψ                      | Ψ                          |                |
|       |                                                                                         |                        |                            |                |
| 11.   | Calculate your total current monthly income.                                            |                        |                            |                |
|       | Add lines 2 through 10 for each column.                                                 |                        | +   =                      | ŀ              |
|       | Then add the total for Column A to the total for Column B.                              | <b>S</b>               |                            | 8              |
|       |                                                                                         | L*                     |                            | <u>'</u>       |
|       |                                                                                         |                        |                            | Total current  |
|       |                                                                                         |                        | 1                          | monthly income |
|       |                                                                                         |                        |                            |                |
|       |                                                                                         |                        |                            |                |
|       |                                                                                         |                        |                            |                |
| Da    | rt 2: Sign Below                                                                        |                        |                            |                |
|       | Sign Below                                                                              |                        | -                          |                |
|       |                                                                                         |                        |                            |                |
|       |                                                                                         |                        |                            |                |
|       | By signing here, under penalty of perjury I declare that the information on this statem | ent and in any attachm | ents is true and correct   |                |
|       | -,gg , and person, or person, a decide that the information of this statem              | on and many addonin    | ionio io true and contect. |                |
|       |                                                                                         |                        |                            |                |
|       | ×                                                                                       |                        |                            |                |
|       | Applination                                                                             |                        |                            |                |
|       | Signature of Debtor 1 Signature of Debtor                                               | 2                      |                            |                |
|       |                                                                                         |                        |                            |                |
|       | DateDate                                                                                |                        |                            |                |
|       |                                                                                         | <del>YYYY</del>        |                            |                |
|       |                                                                                         |                        | •                          |                |
|       |                                                                                         |                        |                            |                |
|       |                                                                                         |                        |                            |                |

| btor 1 First Name           | Middle Name  | Last Name          |
|-----------------------------|--------------|--------------------|
| ouse, if filing) First Name | Middle Name  | Last Name          |
| ited States Bankruptcy Co   | urt for the: | District of(State) |
| se numberknown)             |              |                    |
|                             |              |                    |
|                             |              |                    |

| Check as directed in lines 17 and 21:                                         |
|-------------------------------------------------------------------------------|
| According to the calculations required by this Statement:                     |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).          |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).              |
| ☐ 3. The commitment period is 3 years. ☐ 4. The commitment period is 5 years. |

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Pa | art 1: Calculate Your Average Monthly Income                                                                                                                                                                                                                                                                                              | e                                              |                                               |                                     |                                                    |                                                                |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------------|----------------------------------------------------|----------------------------------------------------------------|--|
| 1. | What is your marital and filing status? Check one only.                                                                                                                                                                                                                                                                                   |                                                |                                               |                                     |                                                    |                                                                |  |
|    | Not married. Fill out Column A, lines 2-11.                                                                                                                                                                                                                                                                                               |                                                |                                               |                                     |                                                    |                                                                |  |
|    | Married. Fill out both Columns A and B, lines 2-11.                                                                                                                                                                                                                                                                                       |                                                |                                               |                                     |                                                    |                                                                |  |
|    | Fill in the average monthly income that you received fr bankruptcy case. 11 U.S.C. § 101(10A). For example, if y August 31. If the amount of your monthly income varied du the result. Do not include any income amount more than or from that property in one column only. If you have nothing the sum of the column of the column only. | ou are filing<br>uring the 6 m<br>nce. For exa | on Septembe<br>onths, add th<br>mple, if both | er 15, the<br>e income<br>spouses o | 6-month period of for all 6 months own the same re | would be March 1 through<br>and divide the total by 6. Fill in |  |
|    |                                                                                                                                                                                                                                                                                                                                           |                                                |                                               |                                     | Column A<br>Debtor 1                               | Column B Debtor 2 or non-filing spouse                         |  |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).                                                                                                                                                                                                                                                               | l commissio                                    | ons (before a                                 | I                                   | 2400                                               | \$                                                             |  |
| 3. | Alimony and maintenance payments. Do not include pay                                                                                                                                                                                                                                                                                      | yments from                                    | a spouse.                                     |                                     | \$_ <i>O</i> _                                     | \$                                                             |  |
| 4. | All amounts from any source which are regularly paid f<br>you or your dependents, including child support. Include<br>an unmarried partner, members of your household, your de<br>roommates. Do not include payments from a spouse. Do not<br>listed on line 3.                                                                           | de regular co<br>ependents, p                  | ontributions froarents, and                   |                                     | <u>. O</u>                                         | \$                                                             |  |
| 5. | Net income from operating a business, profession, or farm                                                                                                                                                                                                                                                                                 | Debtor 1                                       | Debtor 2                                      |                                     |                                                    |                                                                |  |
|    | Gross receipts (before all deductions)                                                                                                                                                                                                                                                                                                    | \$                                             | \$                                            |                                     |                                                    |                                                                |  |
|    | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                                                                 | - \$                                           | \$                                            |                                     |                                                    |                                                                |  |
|    | Net monthly income from a business, profession, or farm                                                                                                                                                                                                                                                                                   | \$                                             | \$                                            | Copy<br>here                        | \$_ <u>O</u>                                       | \$                                                             |  |
| 6. | Net income from rental and other real property                                                                                                                                                                                                                                                                                            | Debtor 1                                       | Debtor 2                                      |                                     |                                                    |                                                                |  |
|    | Gross receipts (before all deductions)                                                                                                                                                                                                                                                                                                    | \$                                             | _ \$                                          |                                     |                                                    |                                                                |  |
|    | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                                                                 | <b>-</b> \$                                    | \$                                            |                                     |                                                    |                                                                |  |
|    | Net monthly income from rental or other real property                                                                                                                                                                                                                                                                                     | \$                                             | . \$                                          | Copy<br>here→                       | \$                                                 | \$                                                             |  |

|                                         | First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case number (if know                                                             | n)                                                       |                                    |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|
|                                         | First Name Militarine Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          |                                    |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 40000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Column A<br>Debtor 1                                                             | Column B Debtor 2 or non-filing spouse                   | :<br>: 4                           |
| 7. Intere                               | est, dividends, and royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s O                                                                              | \$                                                       |                                    |
|                                         | nployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                               | \$                                                       |                                    |
|                                         | ot enter the amount if you contend that the amount recocial Security Act. Instead, list it here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r                                                                                |                                                          |                                    |
|                                         | r you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          |                                    |
|                                         | r your spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                          |                                    |
| 9. Pens<br>bene                         | ion or retirement income. Do not include any amour fit under the Social Security Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nt received that was a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>\$_</u> &                                                                     | \$                                                       |                                    |
| Do no<br>recei<br>dome                  | ne from all other sources not listed above. Specify of include any benefits received under the Social Sectived as a victim of a war crime, a crime against human estic terrorism. If necessary, list other sources on a se below.                                                                                                                                                                                                                                                                                                                                                                                                                                        | urity Act or payments<br>hity, or international or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                          |                                    |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                               | \$                                                       |                                    |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                               | \$                                                       | -                                  |
| Tot                                     | al amounts from separate pages, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | + \$                                                                             | + \$                                                     |                                    |
| 11 Calc                                 | ulate your total average monthly income. Add lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 through 10 for each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                          |                                    |
|                                         | ulate your total average monthly income. Add lines<br>nn. Then add the total for Column A to the total for Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$2400                                                                           | + \$                                                     | <b>=</b> [\$]                      |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , .                                                                              |                                                          | Total average monthly income       |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                          |                                    |
| Part 2:                                 | Determine How to Measure Your Deduc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tions from Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                          |                                    |
| 12. <b>Copy</b>                         | your total average monthly income from line 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | ····                                                     | 20.00                              |
|                                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                          | \$2400                             |
| 13. Calc                                | ulate the marital adjustment. Check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          | \$2400                             |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          | \$ <u>2400</u>                     |
| Z<br>D                                  | ulate the marital adjustment. Check one:<br>'ou are not married. Fill in 0 below.<br>'ou are married and your spouse is filing with you. Fill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | in 0 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                          | \$ <u>2400</u>                     |
|                                         | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in 0 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                          | \$ <u>2400</u>                     |
|                                         | ulate the marital adjustment. Check one:<br>'ou are not married. Fill in 0 below.<br>'ou are married and your spouse is filing with you. Fill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | in 0 below.<br>nn B, that was NOT regula                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rly paid for the househo                                                         | old expenses of                                          | \$ <u>2400</u>                     |
| Y                                       | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column  You or your dependents, such as payment of the spous                                                                                                                                                                                                                                                                                                                                                     | in 0 below.<br>nn B, that was NOT regula<br>se's tax liability or the spot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rly paid for the househo<br>use's support of someo                               | old expenses of<br>the other than                        | \$2 <u>400</u>                     |
| Y                                       | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and                                                                                                                                                                                                                                                                    | in 0 below.<br>nn B, that was NOT regula<br>se's tax liability or the spot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rly paid for the househo<br>use's support of someo                               | old expenses of<br>the other than                        | \$2400                             |
| Y                                       | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  ist additional adjustments on a separate page.                                                                                                                                                                                                                     | in 0 below.<br>on B, that was NOT regula<br>se's tax liability or the spot<br>the amount of income dev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rly paid for the househo<br>use's support of someo                               | old expenses of<br>the other than                        | \$ <u>2400</u>                     |
| Y                                       | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.                                                                                                                                                                  | in 0 below.<br>nn B, that was NOT regula<br>se's tax liability or the spot<br>the amount of income dev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rly paid for the househouse's support of someone toted to each purpose.          | old expenses of<br>the other than                        | \$2400                             |
| Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  Ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.                                                                                                                                                                  | in 0 below.  In B, that was NOT regula se's tax liability or the spot the amount of income dev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rly paid for the househouse's support of someonoted to each purpose.             | old expenses of<br>the other than                        | \$2400                             |
| Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.                                                                                                                                                                  | in 0 below.  In B, that was NOT regula se's tax liability or the spot the amount of income dev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rly paid for the househouse's support of someonoted to each purpose.             | old expenses of<br>the other than                        | <u>\$</u> 2φυυ                     |
| Y   Y   Y   Y   Y   Y   Y   Y   Y   Y   | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  Ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.                                                                                                                                                                  | in 0 below.  In B, that was NOT regula se's tax liability or the sport the amount of income dev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rly paid for the househouse's support of someonoted to each purpose.             | old expenses of<br>ne other than<br>If necessary,        | \$2400<br>\$2400                   |
| Y F S S S S S S S S S S S S S S S S S S | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  Ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.                                                                                                                                                                  | in 0 below.  In B, that was NOT regula se's tax liability or the sport the amount of income dev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rly paid for the househouse's support of someonoted to each purpose.             | old expenses of<br>ne other than<br>If necessary,        | \$2400<br>\$2400                   |
| 14. Your                                | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.  Total  Total  Total  Total in line 1:                                                                                                                           | in 0 below.  In B, that was NOT regula se's tax liability or the spot the amount of income dev  3 from line 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rly paid for the househouse's support of someon roted to each purpose.  \$\$  \$ | old expenses of the other than  If necessary,  Copy here | \$2400<br>\$2400<br>\$2400         |
| 14. Your 15. Calcu                      | valate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.  Fotal                                                                                                                                                          | in 0 below.  In B, that was NOT regula se's tax liability or the spot the amount of income developments of the amount of the amo | rly paid for the househouse's support of someon roted to each purpose.  \$\$  \$ | old expenses of the other than  If necessary,  Copy here | \$2400<br>\$2400<br>\$2400<br>x 12 |
| 14. Your 15. Calcut 15a.                | ulate the marital adjustment. Check one:  You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Colum  You or your dependents, such as payment of the spous  You or your dependents.  Below, specify the basis for excluding this income and  Ist additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below.  Fotal  Total  Total | in 0 below.  In B, that was NOT regula se's tax liability or the spot the amount of income development.  3 from line 12.  Illow these steps:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rly paid for the househouse's support of someon orded to each purpose.           | old expenses of the other than                           |                                    |

| ·                                                                   |
|---------------------------------------------------------------------|
| \$ <u>82,00</u> 0                                                   |
|                                                                     |
| Disposable income is not determined under<br>Official Form 122C–2). |
| e income is determined under<br>fficial Form 122C–2).               |
| 2400                                                                |
| 38300                                                               |
| and you contend that<br>spouse's income, copy                       |
| - s_ O_                                                             |
| 28.800                                                              |
|                                                                     |
| . 7400                                                              |
| \$ <b>2</b> (0)                                                     |
| \$ 28.500                                                           |
| \$82,000                                                            |
|                                                                     |
| nis form, check box 3,                                              |
| f page 1 of this form,                                              |
|                                                                     |
| otor 2                                                              |
|                                                                     |

| Fill in this ir           | nformation to identify                                                        | your case:                                  |                                                   |                                                                                                                          |                       |                      |
|---------------------------|-------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| Debtor 1                  |                                                                               |                                             |                                                   |                                                                                                                          |                       |                      |
| Debtor 2.                 | First Name                                                                    | Middle Name                                 | Last Name                                         |                                                                                                                          |                       |                      |
| (Spouse, if filing)       | ) First Name                                                                  | Middle Name                                 | Last Name                                         |                                                                                                                          |                       |                      |
| United States             | Bankruptcy Court for the:                                                     | District                                    | of                                                |                                                                                                                          |                       |                      |
| Case number<br>(If known) |                                                                               |                                             |                                                   |                                                                                                                          |                       |                      |
| <del></del>               |                                                                               |                                             |                                                   |                                                                                                                          | Check if this         | is an amended filing |
|                           |                                                                               |                                             |                                                   |                                                                                                                          |                       |                      |
| Official I                | Form 122C-2                                                                   | _                                           |                                                   |                                                                                                                          |                       |                      |
| Chapte                    | er 13 Calcu                                                                   | lation of                                   | Your Dispo                                        | osable Incom                                                                                                             | 1e                    | 04/16                |
|                           | s form, you will need y                                                       |                                             | py of <i>Chapter 13 St</i> a                      | tement of Your Current N                                                                                                 | nonthly Income and    | Calculation of       |
|                           | •                                                                             | •                                           | ried people are filing                            | together, both are equali                                                                                                | ly responsible for b  | eing accurate. If    |
| more space i              |                                                                               | parate sheet to this                        | s form. Include the li                            | ne number to which the a                                                                                                 |                       |                      |
| Part 1:                   | Calculate Your Ded                                                            | uctions from Yo                             | ur Income                                         |                                                                                                                          |                       |                      |
|                           |                                                                               |                                             |                                                   | ··                                                                                                                       |                       |                      |
| to answe                  | r the questions in line                                                       | s 6-15. To find the                         | IRS standards, go o                               | rds for certain expense ar<br>nline using the link speci<br>ne bankruptcy clerk's offi                                   | fied in the separate  |                      |
| some of you               | our actual expenses if th                                                     | ney are higher than t<br>and 6 of Form 1220 | the standards. Do not                             | expense. In later parts of to<br>include any operating expect<br>any amounts that you sub                                | enses that you        |                      |
|                           | enses differ from month                                                       |                                             | e average expense.                                | •                                                                                                                        |                       |                      |
|                           |                                                                               | •                                           | • •                                               | information required by a si                                                                                             | imilar form used in c | napter 7 cases.      |
| 5. The i                  | number of people use                                                          | d in determining ye                         | our deductions from                               | income                                                                                                                   |                       |                      |
| returi                    | the number of people v<br>n, plus the number of ar<br>fferent from the number | ny additional depend                        | dents whom you supp                               |                                                                                                                          | Q                     |                      |
| Nationa<br>Standar        | You must                                                                      | use the IRS Nation                          | al Standards to answe                             | er the questions in lines 6-7                                                                                            | 7.                    |                      |
|                           | , clothing, and other it<br>dards, fill in the dollar ar                      |                                             |                                                   | ntered in line 5 and the IRS                                                                                             | National              | <u>\$ 647</u>        |
| Stand<br>categ            | dards, fill in the dollar ar<br>jories—people who are i                       | mount for out-of-poc<br>under 65 and people | cket health care. The r<br>e who are 65 or older- | ou entered in line 5 and the<br>number of people is split int<br>-because older people hav<br>an this IRS amount, you ma | to two                | \$ 554  <br>114      |

additional amount on line 22.

| ebtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *                        |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                   | rtt Month of the State of Color of the Color of the Color of Indian Color of the Co    | CONTRACTOR  |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | People who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | are under 65 yea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | irs of age                                                                                                                                                                        | LA EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7a. Out-of-po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ocket health care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | allowance per pers                                                                                                                                                                | son s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7b. Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of people who are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | under 65                                                                                                                                                                          | × O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7c. Subtotal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Multiply line 7a b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | y line 7b.                                                                                                                                                                        | \$ Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | People who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | are 65 years of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | age or older                                                                                                                                                                      | <i>f</i> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7d Out-of-po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ocket health care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | allowance per pers                                                                                                                                                                | son \$ ) 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7e. Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of people who are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e 65 or older                                                                                                                                                                     | x_1_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7f. Subtotal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Multiply line 7d b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | y line 7e.                                                                                                                                                                        | \$ Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | + \$ 1 1 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                |
| 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total. Add line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es 7c and 7f.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s A Gon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y here <b>→</b> \$_      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , v_                     |                |
| Local<br>Stand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ards You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | must use the IRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Local Standards t                                                                                                                                                                 | o answer the questions in lines 8-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                |
| Based                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on informatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on from the IPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the IIS Trustee                                                                                                                                                                   | Program has divided the IRS Lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ead Standard for housin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | am far                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es into two parts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   | riogram has divided the INS Lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | car Standard for nousin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ig ioi                   |                |
| ■ Hou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sing and util                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ities – Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and operating ex                                                                                                                                                                  | penses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
| ■ Uan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sing and util                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ities – Mortgage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or rent expenses                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
| = nou:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or rent expenses                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                |
| To ansv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | wer the ques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tions in lines 8-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,<br>9, use the U.S. Tru                                                                                                                                                          | istee Program chart. To find the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | chart, go online using                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | the link                 |                |
| To ansv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | wer the ques<br>ed in the sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tions in lines 8-4<br>arate instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,<br>9, use the U.S. Tru                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e chart, go online using<br>at the bankruptcy clerk'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the link<br>'s office.   |                |
| To answ<br>specifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ed in the sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | arate instructior<br>ities – Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e, use the U.S. Trues for this form. The and operating expensions                                                                                                                 | istee Program chart. To find the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at the bankruptcy clerk'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 's office.               | 1925           |
| To answ<br>specifie<br>8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ed in the sep<br>sing and util<br>e dollar amou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | arate instructior<br>ities – Insurance<br>int listed for your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e, use the U.S. Trues for this form. The and operating expensions                                                                                                                 | ustee Program chart. To find the his chart may also be available openses: Using the number of pector and operating expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | at the bankruptcy clerk'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 's office.               | 1925           |
| To answ<br>specifie<br>8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ed in the sep sing and util the dollar amou sing and util 9a. Using the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | arate instructior ities – Insurance int listed for your ities – Mortgage number of peopl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o, use the U.S. Trus for this form. The and operating excounty for insurance or rent expenses e you entered in lire.                                                              | ustee Program chart. To find the his chart may also be available appearses: Using the number of perceand operating expenses.  : the 5, fill in the dollar amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed in the sep<br>sing and util<br>ee dollar amou<br>sing and util<br>9a. Using the<br>listed for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | arate instruction ities – Insurance int listed for your ities – Mortgage number of peopl your county for m rage monthly pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on, use the U.S. Trues for this form. The and operating excounty for insurance or rent expenses be you entered in linertgage or rent expenses.                                    | ustee Program chart. To find the his chart may also be available appearses: Using the number of perceand operating expenses.  : the 5, fill in the dollar amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at the bankruptcy clerk'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 's office.<br>, fill \$_ | 1925           |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sing and util<br>e dollar amou<br>sing and util<br>9a. Using the<br>listed for<br>9b. Total aver<br>your hom<br>To calcul<br>contractu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | arate instruction ities – Insurance int listed for your ities – Mortgage number of peopl your county for m rage monthly pay e. ate the total aver-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | ustee Program chart. To find the his chart may also be available openses: Using the number of people and operating expenses.  the 5, fill in the dollar amount penses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To answer specifie  8. Housing the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sing and utilie dollar amousing and utilies.  9a. Using the listed for 9b. Total averyour hom To calcul contracture for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your ities – Mortgage number of peopl your county for m rage monthly pay ie. ate the total aver- ially due to each s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | stee Program chart. To find the his chart may also be available apenses: Using the number of perce and operating expenses.  :  te 5, fill in the dollar amount penses.  ges and other debts secured by ent, add all amounts that are the 60 months after you file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To answer specifies  8. Housing the specifies in the spec | sing and utilie dollar amousing and utilies.  9a. Using the listed for 9b. Total averyour hom To calcul contracture for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your ities – Mortgage number of peoplyour county for mage monthly payle.  ate the total averally due to each supply Next divide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | stee Program chart. To find the his chart may also be available of the chart may be and operating expenses.  The 5, fill in the dollar amount penses.  The 5 in the dollar amount penses.  The 6 in the dollar amount penses and other debts secured by the chart and all amounts that are the 60 months after you file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To answer specifies  8. Housing the specifies in the spec | sing and utilie dollar amousing and utilies.  9a. Using the listed for 9b. Total averyour hom To calcul contracture for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your ities – Mortgage number of peoplyour county for mage monthly payle.  ate the total averally due to each supply Next divide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | stee Program chart. To find the his chart may also be available apenses: Using the number of perce and operating expenses.  :  te 5, fill in the dollar amount penses.  ges and other debts secured by ent, add all amounts that are the 60 months after you file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To answer specifies  8. Housing the specifies in the spec | sing and utilie dollar amousing and utilies.  9a. Using the listed for 9b. Total averyour hom To calcul contracture for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your ities – Mortgage number of peoplyour county for mage monthly payle.  ate the total averally due to each supply Next divide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | stee Program chart. To find the his chart may also be available apenses: Using the number of perce and operating expenses.  :  te 5, fill in the dollar amount penses.  ges and other debts secured by ent, add all amounts that are the 60 months after you file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To answer specifie  8. Housing the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sing and utilie dollar amousing and utilies.  9a. Using the listed for 9b. Total averyour hom To calcul contracture for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your ities – Mortgage number of peoplyour county for mage monthly payle.  ate the total averally due to each supply Next divide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | stee Program chart. To find the his chart may also be available apenses: Using the number of perce and operating expenses.  :  te 5, fill in the dollar amount penses.  ges and other debts secured by ent, add all amounts that are the 60 months after you file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at the bankruptcy clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 's office.<br>, fill \$_ | 1925           |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sing and utilie dollar amousing and utilies.  9a. Using the listed for 9b. Total averyour hom To calcul contracture for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your lities – Mortgage number of peoply your county for mage monthly paye. The total averally due to each suptcy. Next divides of the creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on, use the U.S. True and operating excounty for insurance or rent expenses e you entered in line ortgage or rent expenses ment for all mortgage monthly paymasecured creditor in | istee Program chart. To find the his chart may also be available of penses: Using the number of perce and operating expenses.  in 5, fill in the dollar amount penses.  inges and other debts secured by ent, add all amounts that are the 60 months after you file  Average monthly payment  \$\frac{1600}{156}\$  \$\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\frac{1}{3}\ | at the bankruptcy clerk ople you entered in line 5, separately a separ | 's office.<br>, fill \$_ | 1925           |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sing and utille dollar amousing and utille dollar amousing and utille 9a. Using the listed for 9b. Total averyour hom To calcul contractur for bankri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | arate instruction ities – Insurance int listed for your listes – Mortgage number of peoply your county for mage monthly payle. ate the total averally due to each suptcy. Next divides of the creditor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e and operating excounty for insurance or rent expenses e you entered in linertgage or rent expenses ment for all mortgage monthly paymes by 60.                                  | istee Program chart. To find the his chart may also be available of penses: Using the number of pecter and operating expenses.  is the 5, fill in the dollar amount penses.  iges and other debts secured by the first are the 60 months after you file  Average monthly payment  \$\frac{1600}{156} + \frac{200}{200} \text{Copy}                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | at the bankruptcy clerk ople you entered in line 5, separately a separ | at this amount           | 1925           |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sing and utille dollar amousing and utille dollar amousing and utille 9a. Using the listed for 9b. Total averyour hom To calcult contracture for bankrith Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arate instruction ities – Insurance int listed for your listed for your ities – Mortgage number of peoply your county for mage monthly paye. The total averable of the creditor and the creditor of the credit | e and operating excounty for insurance or rent expenses e you entered in limited age monthly paymes ecured creditor in expenses by 60.                                            | istee Program chart. To find the his chart may also be available of the chart may be and operating expenses.  It is 5, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount p    | at the bankruptcy clerk ople you entered in line 5, such as the bankruptcy clerk ople you entered in line 5, such as the bankruptcy clerk on line 5, such as the bankr | at this amount           | 78544<br>78544 |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sing and utille dollar amousing and utille dollar amousing and utille.  9a. Using the listed for 9b. Total average your home.  To calcult contracture for bankrows.  Name.  9c. Net mortg. Subtract is rent expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | arate instruction ities – Insurance int listed for your lities – Mortgage number of peoply your county for mage monthly paye.  The total average with the total average in the creditor of the | e and operating excounty for insurance or rent expenses e you entered in limortgage or rent exment for all mortgage monthly paymes by 60.                                         | Average monthly payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s 1956 Reper on line s at the bankruptcy clerk's s 1956 Reper on line s at the bankruptcy clerk's s 1956 Reper on line s 38544 Copy or housing is incorrect at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at this amount e 33a.    | 78544          |
| To ansi specific 8. Housin th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sing and utillie dollar amousing and utillie dollar amousing and utillies do sing and utilies do s | arate instruction ities – Insurance int listed for your lities – Mortgage number of peoply your county for mage monthly paye.  The total average with the total average in the creditor of the | e and operating excounty for insurance or rent expenses e you entered in limortgage or rent exment for all mortgage monthly paymes by 60.                                         | istee Program chart. To find the his chart may also be available of the chart may be and operating expenses.  It is 5, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount penses.  It is 6, fill in the dollar amount p    | s 1956 Reper on line s at the bankruptcy clerk's s 1956 Reper on line s at the bankruptcy clerk's s 1956 Reper on line s 38544 Copy or housing is incorrect at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at this amount e 33a.    | <u>78544</u>   |
| To ansy specific 8. House in the 9. House 10. If you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | sing and utille dollar amousing and utille dollar amousing and utille.  9a. Using the listed for 9b. Total average your home.  To calcult contracture for bankrows.  Name.  9c. Net mortg. Subtract is rent expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | arate instruction ities – Insurance int listed for your lities – Mortgage number of peoply your county for mage monthly paye.  The total average with the total average in the creditor of the | e and operating excounty for insurance or rent expenses e you entered in limortgage or rent exment for all mortgage monthly paymes by 60.                                         | Average monthly payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s 1956 Reper on line s at the bankruptcy clerk's s 1956 Reper on line s at the bankruptcy clerk's s 1956 Reper on line s 38544 Copy or housing is incorrect at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at this amount e 33a.    | 78544          |

| Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.  O Go to line 14.  1. Go to line 12.  Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses. Ill in the Operating Costs that apply for your Census region or metropolitan statistical area.  Vehicle comerathip or lease expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.  Vehicle comerathip or lease expense: Using the IRS Local Standards, calculate the net concerning or lease expense for each vehicle leafon. You many not claim the expense for more than two vehicles.  Vehicle 1 Describe Vehicle 1:  Describe Vehicle 1:  Describe Vehicle 1:  Describe Vehicle 1:  S 2 3 5  13a. Average monthly payment for all debts secured by Vehicle 1.  To calculate the average morthity payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.  Name of each creditor for Vehicle 1  Average monthly payment for all debts secured by Vehicle 2.  Describe Vehicle 2:  Describe Vehicle 2:  Describe Vehicle 2:  Describe Vehicle 2:  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2:  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2:  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2:  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2:  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for lease expense substraction exp   | or 1            | First Name Middle Name                                                       | Last Name                                             | _                                          | Case number (if known                          | )                                  |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|------------------------------------------------|------------------------------------|-------------|
| O. Go to line 14. 1. Go to line 14. 1. Go to line 12. 2 or more: Go to line 12. 2 or more: Go to line 12. 2 or more: Go to line 12. 3 Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.  Vehicle to ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for associated by the Vehicle ownership or lease expense for more than two vehicles.  Vehicle 1 Describe Vehicle 1:  NISSAN FRONTIER  13a. Ownership or leasing costs using IRS Local Standard. 3 Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, and it immunities that are contractually due to each secured by Vehicle 1 the Office of the O   |                 |                                                                              |                                                       | **********                                 |                                                |                                    |             |
| Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses. If in the Operating Costs that apply for your Census region or metropolitan statistical area.  Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for cach vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.  Vehicle 1 Describe Vehicle 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. Loca         | ا transportation expenses: Check<br>الـــا                                   | the number of vehicles f                              | or which you claim                         | an ownership or op-                            | erating expense.                   |             |
| 2 or more. Go to line 12.  2 Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metopolitan statistical area.  3 Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net outvership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.  2 3 5  3 Net Vehicle 1 Describe Vehicle 1:  3 Net Vehicle 2 Describe Vehicle 1:  3 Net Vehicle 4 average monthly payment for all debts secured by Vehicle 1.  3 Net Vehicle 5 Describe Vehicle 1:  3 Net Vehicle 6 Nomership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  4 Name of each creditor for Vehicle 2:  5 Net Vehicle 2 Describe Vehicle 2:  4 Nergage monthly payment for all debts secured by Vehicle 2.  5 Do not include costs for leased vehicles.  5 Name of each creditor for Vehicle 2:  6 Name of each creditor for Vehicle 2:  7 Not in leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - 1<br>- 1      | 0. Go to line 14.                                                            | •                                                     |                                            |                                                |                                    |             |
| Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses. fill in the Operating Costs that apply for your Census region or metropolitian statistical area.  It vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for one than two vehicles.  Vehicle ownership or lease expense reference than two vehicles.  Vehicle 1 Describe Vehicle 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4               |                                                                              |                                                       |                                            |                                                |                                    |             |
| Sexpenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.  1. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for ore than two vehicles.  1. Vehicle 1 Describe Vehicle 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·               | 2 or more. Go to line 12.                                                    |                                                       |                                            |                                                |                                    |             |
| ach vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.  Vehicle 1 Describe Vehicle 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. Vehi<br>expe | icle operation expense: Using the enses, fill in the Operating Costs that    | IRS Local Standards and<br>at apply for your Census r | I the number of vel<br>egion or metropolit | nicles for which you o<br>an statistical area. | claim the operating                | \$23        |
| 13a. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | each            | vehicle below. You may not claim                                             | the expense if you do not                             | t make any loan or                         | e net ownership or k<br>lease payments on t    | ease expense for<br>he vehicle. In |             |
| 13a. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                              | A 114 CAD                                             | <b>1</b>                                   |                                                |                                    |             |
| 13b. Average monthly payment for all debts secured by Vehicle 1.  Do not include costs for leased vehicles.  To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptey. Then divide by 60.  Name of each creditor for Vehicle 1  Average monthly payment  S  Total average monthly payment  S  Total average monthly payment   S  Total average monthly payment   S  Publice 2  Describe Vehicle 2:  13c. Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment   S  Total average monthly payment   S  Total average monthly payment   S  Total average monthly payment   S  Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.  Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Vel             | nicle 1 Describe Vehicle 1:                                                  | NOW                                                   | TROOM                                      | ICA                                            |                                    |             |
| 13b. Average monthly payment for all debts secured by Vehicle 1.  Do not include costs for leased vehicles.  To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptey. Then divide by 60.  Name of each creditor for Vehicle 1  Average monthly payment  S  Total average monthly payment  S  Total average monthly payment   S  Total average monthly payment   S  Publice 2  Describe Vehicle 2:  13c. Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment   S  Total average monthly payment   S  Total average monthly payment   S  Total average monthly payment   S  Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.  Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                              |                                                       |                                            |                                                |                                    |             |
| 13b. Average monthly payment for all debts secured by Vehicle 1.  Do not include costs for leased vehicles.  To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you life for bankruptcy. Then divide by 60.  Name of each creditor for Vehicle 1  Average monthly payment  S  Total average monthly payment  S  Total average monthly payment is less than \$0, enter \$0.  Vehicle 2  Describe Vehicle 2:  13d. Ownership or leasing costs using IRS Local Standard  13e. Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment secured by Vehicle 2.  Do not include costs for leased vehicles.  S  Copy are Vehicle 2  Copy are Vehicle 2  S  Copy set Vehicle 2  Copy set Vehicle 2  S  Public transportation expenses: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation by you may fill in what you believe is the appropriate expense, but you may not claim that you may not claim tha |                 |                                                                              |                                                       |                                            |                                                |                                    |             |
| Do not include costs for leased vehicles.  To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.  Name of each creditor for Vahicle 1  Average monthly payment  Total average monthly payment  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13a.            | Ownership or leasing costs using                                             | IRS Local Standard                                    |                                            | \$235                                          | _                                  |             |
| To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.  Name of each creditor for Vahicle 1  Average monthly payment  Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  Vehicle 2  Describe Vehicle 2:  13d. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13b.            | Average monthly payment for all d                                            | ebts secured by Vehicle                               | 1.                                         |                                                |                                    |             |
| add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.  Name of each creditor for Vehicle 1  Average monthly payment  Total average monthly payment  Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  Vehicle 2  Describe Vehicle 2:  Total average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment \$  \$  Total average monthly payment \$  \$  Total average monthly payment \$  \$  \$  Copy net Vehicle 2  Average monthly payment \$  \$  \$  Total average monthly payment \$  \$  \$  \$  Copy net Vehicle 2  Average monthly payment \$  \$  \$  \$  Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | Do not include costs for leased ve                                           | hicles.                                               |                                            |                                                |                                    |             |
| Name of each creditor for Vehicle 1  Average monthly payment  S  Total average monthly payment  S  Total ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  Copy net Vehicle 1 expense here  S  Vehicle 2  Describe Vehicle 2:  13d. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | add all amounts that are contractucreditor in the 60 months after you by 60. | ally due to each secured                              |                                            |                                                |                                    | -           |
| Total average monthly payment    S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                              | 1 Average mor                                         | nthly                                      |                                                |                                    |             |
| Total average monthly payment  S Copy here  Repeat this amount on line 33b.  Copy net Vehicle Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  Vehicle 2 Describe Vehicle 2:  13d. Ownership or leasing costs using IRS Local Standard  S Copy Total average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2 Average monthly payment  Total average monthly payment  S Copy here  Repeat this amount on line 33c.  Repeat this amount on line 33c.  Repeat this amount on line 33c.  Copy here  S Copy here  |                 |                                                                              | _                                                     |                                            |                                                |                                    |             |
| 13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  13d. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                              | \$ •                                                  |                                            |                                                |                                    |             |
| 13c. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  13d. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                              | •                                                     |                                            |                                                |                                    |             |
| Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.  Vehicle 2 Describe Vehicle 2:  13d. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | Total average monthly                                                        | / payment \$                                          | ''-                                        | - \$                                           |                                    |             |
| Subtract line 13b from line 13a. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13c.            | Net Vehicle 1 ownership or lease 6                                           | expense                                               |                                            | 125                                            | Copy net Vehicle                   | 726         |
| 13d. Ownership or leasing costs using IRS Local Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | Subtract line 13b from line 13a. If t                                        | :his number is less than \$                           | 0, enter \$0                               | \$26/5                                         | ,                                  | \$ 25       |
| 13e. Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vel             | nicle 2 Describe Vehicle 2:                                                  |                                                       |                                            |                                                | ·                                  | •           |
| 13e. Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment  \$  Total average monthly payment  \$  \$  Total average monthly payment  \$  \$  \$  \$  Copy  \$  Repeat this amount on line 33c.  13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                              |                                                       |                                            | *                                              |                                    |             |
| 13e. Average monthly payment for all debts secured by Vehicle 2.  Do not include costs for leased vehicles.  Name of each creditor for Vehicle 2  Average monthly payment  \$  Total average monthly payment  \$  \$  Total average monthly payment  \$  \$  \$  \$  Copy  \$  Repeat this amount on line 33c.  13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                              |                                                       |                                            |                                                |                                    |             |
| Name of each creditor for Vehicle 2  Average monthly payment  Total average monthly payment  S  Total average monthly payment  Total average monthly payment  S  Repeat this amount on line 33c.  13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13d.            | Ownership or leasing costs using I                                           | RS Local Standard                                     | •••••                                      | \$                                             |                                    |             |
| Total average monthly payment  S  Total average monthly payment  S  Total average monthly payment  S  Repeat this amount on line 33c.  Copy here  Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13e.            |                                                                              | •                                                     | 2.                                         |                                                |                                    |             |
| Total average monthly payment  S  Total average monthly payment  S  Repeat this amount on line 33c.  13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | *                                                                            |                                                       | nthly                                      |                                                |                                    |             |
| Total average monthly payment  \$ Copy here \$ Repeat this amount on line 33c.  13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | 200<br>                                                                      | pwj                                                   |                                            |                                                |                                    |             |
| Total average monthly payment  \$ Copy here \$ Repeat this amount on line 33c.  13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                              | \$                                                    | ·                                          |                                                |                                    |             |
| 13f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | 4                                                                            |                                                       |                                            |                                                |                                    |             |
| Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Total average monthl                                                         | y payment \$                                          |                                            | <b>-</b> \$                                    |                                    |             |
| Subtract line 13e from 13d. If this number is less than \$0, enter \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 404             | Not Vohiolo 2 aumanahin an lasa                                              | ovnonee.                                              |                                            |                                                | Conv.net Vehicle                   |             |
| Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.  Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 131.            |                                                                              | •                                                     | mta = \$0                                  | \$                                             |                                    | \$          |
| Transportation expense allowance regardless of whether you use public transportation.  Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | Subtract line 13e from 13d. If this i                                        | number is less than \$0, el                           | π <b>ter \$</b> 0                          |                                                | →                                  | <del></del> |
| Transportation expense allowance regardless of whether you use public transportation.  Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                              |                                                       |                                            |                                                | <del></del>                        |             |
| Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. Publ         | lic transportation expense: If you                                           | claimed 0 vehicles in li                              | ne 11, using the I                         | RS Local Standard                              | s, fill in the <i>Public</i>       | e           |
| deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | iran            | <i>sportation</i> expense allowance re                                       | gardless of whether you                               | ս use public trans                         | portation.                                     |                                    | Φ           |
| deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 <b>V</b> 44   | itional nublic transportation over                                           | nea: If you daimed 4 and                              | mara vahialaa in li-                       | o 11 and if you alse                           | a <b>šlanš</b> svass mana = 1= -   |             |
| more than the IRS Local Standard for Public Transportation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Addı            | ict a public transportation expense                                          | vou may fill in what you be                           | nore venicles in lin                       | ie i i and it you clain<br>priate expense but  | n that you may also                |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | more            | than the IRS Local Standard for P                                            | ublic Transportation.                                 |                                            | phare expense, but                             | , oa may not claim                 | \$          |

| Debtor | 1                                 | First Name                                                                 | Middle Name                                                                 | Last Name                                                          |                                                                    | _                                                | Case number (if known)                                                                                                                                   |                  |
|--------|-----------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| _      |                                   |                                                                            | ,                                                                           |                                                                    |                                                                    |                                                  |                                                                                                                                                          | , .              |
|        | ther N<br>xpens                   | lecessary<br>es                                                            | In addition to<br>following IRS                                             |                                                                    | deductions listed                                                  | above, you are al                                | lowed your monthly expenses for t                                                                                                                        | he               |
| 16.    | self-ei<br>from y<br>refund       | mployment ta<br>/our pay for th<br>d by 12 and s                           | xes, social secu<br>nese taxes. How                                         | rity taxes, and<br>ever, if you ex<br>ber from the to              | Medicare taxes. pect to receive a                                  | You may include t                                | kes, such as income taxes,<br>the monthly amount withheld<br>ust divide the expected<br>I to pay for taxes.                                              | <u>\$412</u>     |
| 17.    |                                   | untary deduc<br>dues, and un                                               |                                                                             | monthly payro                                                      | oll deductions that                                                | t your job requires                              | , such as retirement contributions,                                                                                                                      | 180              |
|        | Do no                             | t include amo                                                              | ounts that are no                                                           | t required by y                                                    | our job, such as v                                                 | voluntary 401(k) c                               | ontributions or payroll savings.                                                                                                                         | \$ <u>~~</u> 0   |
| 18.    | togeth<br>Do no                   | ner, include pa                                                            | ayments that you<br>niums for life ins                                      | ı make for you                                                     | ır spouse's term li                                                | ife insurance.                                   | rance. If two married people are fili<br>se's life insurance, or for any form                                                                            |                  |
| 19.    | agend                             | y, such as sp                                                              | ousal or child su                                                           | ipport paymer                                                      | nts.                                                               |                                                  | e order of a court or administrative                                                                                                                     | \$ <u></u>       |
|        | Do no                             | t include pay                                                              | ments on past d                                                             | ue obligations                                                     | for spousal or chi                                                 | ild support. You w                               | ill list these obligations in line 35.                                                                                                                   | •                |
| 20.    | ■ as                              | a condition fo                                                             | r your job, or                                                              | , ,                                                                |                                                                    | nat is either require                            | ed:<br>s available for similar services.                                                                                                                 | \$               |
| 21.    | Child                             | care: The tot                                                              | al monthly amou                                                             | nt that you pa                                                     | •                                                                  | ıch as babysitting,                              | daycare, nursery, and preschool.                                                                                                                         | <sub>s</sub> O   |
| 22.    | requir<br>saving                  | ed for the heags<br>gs account. In                                         | alth and welfare<br>iclude only the a                                       | of you or your<br>mount that is                                    | dependents and more than the total                                 |                                                  |                                                                                                                                                          |                  |
| 23.    | for yo<br>phone<br>incom<br>Do no | u and your de<br>e service, to the<br>ne, if it is not ro<br>t include pay | ependents, such<br>ne extent necess<br>eimbursed by yo<br>ments for basic l | as pagers, ca<br>sary for your h<br>our employer.<br>nome telephor | II waiting, caller id<br>ealth and welfare<br>ne, internet or cell | lentification, speci<br>or that of your de       | pay for telecommunication services all long distance, or business cell pendents or for the production of o not include self-employment viously deducted. | ,<br>+ <u>\$</u> |
| 24.    |                                   | all of the exp<br>nes 6 through                                            |                                                                             | under the IRS                                                      | expense allowa                                                     | nces.                                            |                                                                                                                                                          | \$692            |
|        | dditio                            | nal Expense<br>ions                                                        |                                                                             |                                                                    |                                                                    | ed by the Means Te<br>vances listed in lin       |                                                                                                                                                          |                  |
| 25.    | insura                            | h insurance,<br>ance, disabilit<br>dependents.                             | disability insur<br>y insurance, and                                        | ance, and he<br>health saving                                      | alth savings acc<br>is accounts that a                             | ount expenses. <sup>-</sup><br>re reasonably nec | The monthly expenses for health essary for yourself, your spouse, o                                                                                      | or               |
|        | Healt                             | h insurance                                                                |                                                                             |                                                                    | s 43                                                               |                                                  | •                                                                                                                                                        |                  |
|        | Disab                             | oility insurance                                                           | ·<br>e                                                                      |                                                                    | s 6                                                                |                                                  |                                                                                                                                                          |                  |
|        | Healt                             | h savings acc                                                              | ount                                                                        | +                                                                  | s O                                                                |                                                  |                                                                                                                                                          |                  |
|        | Total                             |                                                                            |                                                                             |                                                                    | \$ A 3                                                             | Copy total here                                  | <b>)</b>                                                                                                                                                 | s 43             |
|        | Do yo                             | ou actually sp                                                             | end this total am                                                           | ـــــا<br>ount?                                                    |                                                                    | ],                                               |                                                                                                                                                          | <u> </u>         |
|        |                                   |                                                                            | do you actually                                                             |                                                                    |                                                                    |                                                  |                                                                                                                                                          |                  |
|        | ☐ Ye                              |                                                                            |                                                                             |                                                                    | \$                                                                 |                                                  |                                                                                                                                                          |                  |
| 26.    | contir<br>your l                  | nue to pay for<br>nousehold or                                             | the reasonable<br>member of your                                            | and necessary<br>immediate far                                     | y care and suppor<br>mily who is unable                            | t of an elderly, chi                             | ual monthly expenses that you will ronically ill, or disabled member of xpenses. These expenses may b).                                                  | <u>\$</u>        |
| 27.    | you a                             | nd your famil                                                              | y under the Fam                                                             | ily Violence P                                                     | nably necessary material revention and Ser<br>xpenses confiden     | vices Act or other                               | that you incur to maintain the safet<br>federal laws that apply.                                                                                         | y of \$          |

| Debtor 1 | Case number (if known)                        |                                                    |                                                                                                                             |                                         |                                                     |               |  |
|----------|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|---------------|--|
|          | First Name I                                  | Middle Name Last N                                 | lame                                                                                                                        |                                         |                                                     |               |  |
| 28.      | Additional home en                            | ergy costs. Your hom                               | e energy costs are included in                                                                                              | your insurance                          | and operating expenses on line 8.                   |               |  |
|          |                                               | u have home energy co<br>amount of home energ      |                                                                                                                             | me energy costs                         | s included in expenses on line 8,                   | s (C)         |  |
|          | You must give your c<br>claimed is reasonable |                                                    | ation of your actual expenses, a                                                                                            | and you must si                         | how that the additional amount                      | · <del></del> |  |
| 29.      | than \$160.42* per ch                         |                                                    | ren who are younger than 18<br>ur dependent children who are<br>chool                                                       |                                         |                                                     | <u>\$_O</u>   |  |
|          | You must give your c                          | ase trustee documenta<br>e and necessary and n     | ation of your actual expenses, a<br>ot already accounted for in line                                                        | and you must e<br>es 6-23.              | xplain why the amount                               |               |  |
|          | * Subject to adjustm                          | ent on 4/01/19, and ev                             | ery 3 years after that for cases                                                                                            | begun on or af                          | ter the date of adjustment.                         |               |  |
| 30.      | higher than the comb                          | pined food and clothing                            | he monthly amount by which you allowances in the IRS Nationals in the IRS National Standard                                 | al Standards. Th                        | and clothing expenses are nat amount cannot be more | \$            |  |
|          |                                               |                                                    | ional allowance, go online usin<br>so be available at the bankrupte                                                         |                                         |                                                     |               |  |
|          | You must show that                            | the additional amount                              | claimed is reasonable and nec                                                                                               | essary.                                 |                                                     | d             |  |
| 31.      | Continuing charitatinstruments to a relig     | ole contributions. The<br>gious or charitable orga | amount that you will continue inization. 11 U.S.C. § 548(d)(3)                                                              | to contribute in and (4).               | the form of cash or financial                       | + \$          |  |
|          | Do not include any a                          | mount more than 15%                                | of your gross monthly income.                                                                                               |                                         |                                                     |               |  |
| 32.      | Add all of the additi                         | ional expense deduct                               | ions.                                                                                                                       |                                         |                                                     |               |  |
|          | Add lines 25 through                          | 31.                                                |                                                                                                                             |                                         |                                                     |               |  |
|          | To calculate the total                        | cured debt, fill in line average monthly payn      | t in property that you own, in<br>s 33a through 33e.<br>nent, add all amounts that are<br>fter you file for bankruptcy. The | contractually du                        | ie                                                  |               |  |
|          |                                               |                                                    |                                                                                                                             | ·                                       | Average monthly payment                             |               |  |
|          | Mortgages on your h                           | ome                                                |                                                                                                                             |                                         | 1/ AA                                               |               |  |
|          | 33a. Copy line 9b he                          | ere                                                |                                                                                                                             |                                         | \$ 1600                                             |               |  |
|          | Loans on your first to                        | wo vehicles                                        |                                                                                                                             |                                         | $\wedge$                                            |               |  |
|          | 33b. Copy line 13b h                          | nere                                               |                                                                                                                             | ······                                  | \$                                                  |               |  |
|          | 33c. Copy line 13e h                          | nere                                               |                                                                                                                             | ≯                                       | \$ <u> </u>                                         |               |  |
|          | 33d. List other secu                          | red debts:                                         |                                                                                                                             |                                         |                                                     |               |  |
|          | Name of each secured debt                     | creditor for other                                 | Identify property that secures the debt                                                                                     | Does payment include taxes              |                                                     |               |  |
|          |                                               |                                                    |                                                                                                                             | or insurance?                           | . 0                                                 |               |  |
|          |                                               |                                                    |                                                                                                                             | _ 🔲 Yes                                 | \$                                                  |               |  |
|          |                                               |                                                    |                                                                                                                             | ☐ No<br>_ ☐ Yes                         | \$                                                  |               |  |
|          |                                               |                                                    | ·                                                                                                                           | □ No                                    | + \$                                                |               |  |
|          | 33e Total average r                           | monthly payment Add                                | lines 33a through 33d                                                                                                       | _ 🛚 Yes                                 | \$ 600 Copy total                                   | .1600         |  |
|          | 500. Total average I                          |                                                    | 55 554 tillbugti 554                                                                                                        | *************************************** | here →                                              | ψ <u>10 -</u> |  |

| Debtor |                | First Name                                 | Middle Name                                    | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del>                              | Case n                                  | umber (if known)                             |                       |                |
|--------|----------------|--------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|----------------------------------------------|-----------------------|----------------|
| 34.    |                |                                            |                                                | ne 33 secured by your prin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nary residence,                          | a vehicle, o                            | or other property nec                        | essary                |                |
|        | . 7            | . Go to line<br>s. State any<br>possession | amount that you                                | must pay to a creditor, in ado<br>y (called the <i>cure amount</i> ). N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | dition to the payr<br>lext, divide by 60 | ments listed<br>and fill in th          | in line 33, to keep<br>ne information below. |                       |                |
|        |                | Name (                                     | of the creditor                                | Identify property that secures the debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total cure<br>amount                     |                                         | Monthly cure amount                          |                       |                |
|        |                | SHE                                        | 11 POINT                                       | Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$20,000                                 | ÷ 60 =                                  | s 333                                        |                       |                |
|        |                |                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                       | ÷ 60 =                                  | \$                                           |                       |                |
|        |                |                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                       | ÷ 60 =                                  | + \$                                         |                       |                |
|        |                |                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Total                                   | \$ <u>333</u>                                | Copy<br>total<br>here | \$ <u>333</u>  |
| 35.    | the fili<br>No | ng date of . Go to line s. Fill in the     | your bankruptcy<br>e 36.<br>total amount of al | such as a priority tax, child<br>case? 11 U.S.C. § 507.  I of these priority claims. Do<br>h as those you listed in line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | not include curre                        | -                                       | at are past due as of                        |                       |                |
|        |                |                                            | •                                              | ue priority claims.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                         | \$                                           | ÷ 60                  | \$             |
| 36.    | Projec         | ted monthl                                 | ly Chapter 13 plai                             | n payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                         | , 1933                                       |                       |                |
|        | Office of      | of the United                              | d States Courts (fo                            | stated on the list issued by to<br>or districts in Alabama and N<br>s Trustees (for all other distr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | orth Carolina) or                        | e<br>by                                 | 11. 3                                        |                       | •              |
|        | specifie       |                                            | parate instructions                            | t includes your district, go or<br>for this form. This list may a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                         | x <u>-+,</u> J                               |                       |                |
|        | Averag         | e monthly a                                | administrative expe                            | ense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                         | \$ 2311                                      | Copy<br>total<br>here | 8 <u>031</u> ] |
| 37.    | Add al         | l of the dec                               | ductions for debt                              | payment. Add lines 33e thr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ough 36.                                 |                                         |                                              |                       | \$ 10244       |
| т      | otal De        | ductions fr                                | rom Income                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                         |                                              |                       |                |
| 38.    | Add al         | l of the allo                              | wed deductions.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                         | 100                                          |                       |                |
|        | Copy lir       | ne 24, <i>All of</i>                       | f the expenses allo                            | wed under IRS expense allo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | owances                                  | *************************************** | s 672                                        |                       |                |
|        |                |                                            | ·                                              | ense deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                         | \$                                           |                       |                |
| •      | Copy lir       | ne 37, <i>All of</i>                       | fthe deductions fo                             | r debt payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | <br>I                                   | +\$10244                                     | Т <sub>Сору</sub> Г   | 1.000/         |
| •      | Total de       | eductions                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                         | \$ 10136                                     | total<br>here →       | \$10436        |
|        |                |                                            |                                                | The transfer of the state of th |                                          |                                         |                                              |                       |                |
|        |                |                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                        |                                         |                                              |                       |                |

| Debtor 1             | Firs                                      | t Name                                   | Middle Name                              | Last Name                                                                              |                           |                                                                                   | Case numbe                               | (if known)                                                                     |                 |
|----------------------|-------------------------------------------|------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|-----------------|
| Part 2:              | De                                        | etermine                                 | Your Dispos                              | able income U                                                                          | nder 11                   | U.S.C. § 1325                                                                     | (b)(2)                                   |                                                                                |                 |
|                      |                                           |                                          |                                          |                                                                                        |                           | 122C-1, Chapter<br>f Commitment Pe                                                |                                          |                                                                                | s2424           |
| chil<br>disa<br>rece | dren. Th<br>bility pay<br>eived in a      | e monthly<br>ments for<br>ccordance      | average of any of a dependent chi        | child support payn<br>ld, reported in Par<br>nonbankruptcy la                          | ments, for<br>rt I of For | oort for dependen<br>ster care payments<br>m 122C-1, that yo<br>extent reasonably | s, or                                    | <u></u>                                                                        |                 |
| emp<br>spec          | oloyer wit<br>cified in 1                 | hheld fror<br>I1 U.S.C.                  | n wages as contr                         | ibutions for qualifi<br>all required repay                                             | ed retirer                | all amounts that yo<br>ment plans, as<br>loans from retirem                       | s                                        | 12                                                                             |                 |
| 42. Tota             | al of all o                               | deduction                                | s allowed unde                           | r 11 U.S.C. § 707                                                                      | (b)(2)(A)                 | . Copy line 38 here                                                               | • <b>\$</b>                              | 0936                                                                           |                 |
| expe<br>and          | enses an<br>their exp                     | d you hav<br>enses. Yo                   | e no reasonable<br>ou must give you      | . If special circum<br>alternative, descr<br>r case trustee a de<br>ion for the expens | ibe the sp<br>etailed ex  | pecial circumstanc                                                                | ces                                      |                                                                                |                 |
| De                   | scribe the                                | special c                                | rcumstances                              |                                                                                        | Am                        | nount of expense                                                                  |                                          |                                                                                |                 |
| _                    |                                           |                                          | ·                                        |                                                                                        | :                         | s_ O_                                                                             |                                          |                                                                                |                 |
|                      |                                           |                                          |                                          |                                                                                        | ;                         | \$                                                                                |                                          |                                                                                |                 |
| _                    |                                           |                                          |                                          | Tota                                                                                   | + :                       | \$_0<br>\$_0                                                                      | Copy here +\$                            | 0                                                                              |                 |
| 44. Tota             | al adjust                                 | ments. A                                 | dd lines 40 throu                        | gh 43                                                                                  |                           |                                                                                   | <u>s1</u>                                | [348]<br>Copy here →                                                           | - \$ 11348      |
| 45. <b>Cal</b> o     | culate yo                                 | our month                                | nly disposable i                         | ncome under § 1                                                                        | 325(b)(2)                 | ). Subtract line 44                                                               | from line 39.                            |                                                                                | s <u>-872</u> 4 |
| Part 3               | c                                         | hange i                                  | n income or E                            | xpenses                                                                                |                           |                                                                                   |                                          |                                                                                |                 |
| or a<br>ope<br>122   | re virtual<br>n, fill in th<br>C-1 in the | ly certain<br>ne informa<br>e first colu | to change after th<br>ition below. For e | ne date you filed y<br>example, if the wag<br>n the second colu                        | ∕our bank<br>ges repoi    | ruptcy petition and<br>rted increased after                                       | d during the time<br>er you filed your p | form have changed<br>your case will be<br>setition, check<br>when the increase |                 |
| For                  | m<br>·                                    | Line                                     | Reason for cha                           | nge '                                                                                  |                           | Date of change                                                                    | Increase or decrease?                    | Amount of change                                                               |                 |
| ı                    | 122C—1<br>122C—2                          |                                          | <del> </del>                             |                                                                                        |                           |                                                                                   | ☐ Increase☐ Decrease                     | \$                                                                             |                 |
|                      | 1220—1<br>1220—2                          |                                          |                                          |                                                                                        | <del></del>               |                                                                                   | ☐ Increase☐ Decrease                     | \$                                                                             |                 |
|                      | 122C <b>-</b> 1<br>122C <b>-</b> 2        | <del></del>                              |                                          |                                                                                        | <del></del>               |                                                                                   | ☐ Increase☐ Decrease                     | \$                                                                             |                 |
|                      | 122C—1<br>122C—2                          |                                          |                                          |                                                                                        |                           |                                                                                   | Increase Decrease                        | \$                                                                             |                 |
|                      |                                           |                                          |                                          |                                                                                        |                           |                                                                                   | · · · · · · · · · · · · · · · · · · ·    |                                                                                |                 |

| Debtor 1     | First Name Middle Name           | Last Name                          | Case number (if known)                                           |
|--------------|----------------------------------|------------------------------------|------------------------------------------------------------------|
| Part 4:      | Sign Below                       |                                    |                                                                  |
| Py cianina l |                                  | voludo do volto o tibo información |                                                                  |
|              | nere, under penalty of perjury y | ou declare that the informatio     | on on this statement and in any attachments is true and correct. |
| ×            | AUF MANNIA                       | 00                                 | <b>×</b>                                                         |
| Signature    | e of Debtor 1                    |                                    | Signature of Debtor 2                                            |
| Date O       | 2/15/2019                        |                                    | Date                                                             |

| Fill in this inf                | ormation to id   | dentify your case: |                     |
|---------------------------------|------------------|--------------------|---------------------|
| Debtor 1                        | First Name       | Middle Name        | Last Name           |
| Debtor 2<br>(Spouse, if filing) | First Name       | Middle Name        | Last Name           |
| Case number                     | Bankruptcy Court | for the:           | District of (State) |
| (If known)                      |                  |                    |                     |

# Check if this is an amended filing

12/15

### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? Creditor's ☐ Surrender the property. ☐ No name: ☐ Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: \_ Creditor's ☐ Surrender the property. ☐ No name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: \_ Creditor's Surrender the property. ☐ No name: Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: \_ Creditor's ☐ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]:

| Describe your unexpired personal prope            | erty leases                              |                                              | Will the lease be assumed? |
|---------------------------------------------------|------------------------------------------|----------------------------------------------|----------------------------|
| essor's name:                                     | ,                                        |                                              | □ No                       |
| escription of leased<br>roperty:                  |                                          |                                              | ☐ Yes                      |
| essor's name:                                     |                                          |                                              | ☐ No<br>☐ Yes              |
| escription of leased<br>roperty:                  |                                          |                                              | - 103                      |
| essor's name:<br>rescription of leased            | en e |                                              | ☐ No<br>☐ Yes              |
| roperty:  essor's name:                           | ·                                        | - 11. C. |                            |
| essor's name.<br>escription of leased<br>roperty: |                                          |                                              | ☐ No<br>☐ Yes              |
| essor's name:<br>escription of leased<br>roperty: |                                          |                                              | ☐ No<br>☐ Yes              |
| essor's name:                                     |                                          |                                              | □ No<br>□ Yes              |
| essor's name:                                     |                                          |                                              |                            |
| escription of leased<br>roperty:                  |                                          |                                              | ☐ Yes                      |
| 3: Sign Below                                     |                                          |                                              |                            |
|                                                   | have indicated my intention about an     |                                              |                            |

| Fill in this in                 | nformation to identify t  | he case:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------|---------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                        | First Name                | Middle Name | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Debtor 2<br>(Spouse, if filing) | First Name                | Middle Name | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| United States E                 | Bankruptcy Court for the: | District of | MARINI MA |
| Case number<br>(If known)       |                           |             | Chapter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

### Official Form 119

## Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 2. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

#### Part 1:

#### **Notice to Debtor**

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

| The bankruptcy petition preparer           |                          |                                |               |   |
|--------------------------------------------|--------------------------|--------------------------------|---------------|---|
|                                            | Name                     |                                |               |   |
| any maximum allowable fee before           | e preparing any document | for filing or accepting any fo | ee.           |   |
| •                                          |                          |                                |               |   |
|                                            |                          |                                |               |   |
|                                            |                          |                                |               |   |
|                                            |                          |                                |               |   |
| Signature of Debtor 1 acknowledging rec    | eint of this notice      |                                | Date          |   |
| organization of Boston Packatowicaging res | orpror trio riotioc      |                                | WINT DD 7 TTT |   |
|                                            |                          |                                |               |   |
|                                            |                          |                                | D /           |   |
| Signature of Debtor 2 acknowledging rec    | eipt of this notice      |                                | Date          | • |
|                                            | •                        |                                |               |   |
| Signature of Debtor 2 acknowledging rec    | eipt of this notice      |                                | MM/DD/YYYY    |   |

| r 1                                            | First Name M                                      | iddie Name                                | Case number (# known)          |                                                                  |                                                         |                                                                             |                                                                                        |                                                                        |  |
|------------------------------------------------|---------------------------------------------------|-------------------------------------------|--------------------------------|------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| rt 2:                                          | Declaration a                                     | nd Sianature                              | of the P                       | Bankre                                                           | otcv Petic                                              | tion Preparer                                                               |                                                                                        |                                                                        |  |
|                                                | Decidiation (                                     | a Olgilatare                              | or the B                       | Janki u                                                          | stoy i cti                                              | don i reparer                                                               |                                                                                        |                                                                        |  |
| der per                                        | nalty of perjury                                  | , I declare tha                           | t:                             |                                                                  |                                                         |                                                                             |                                                                                        |                                                                        |  |
| l am a l                                       | bankruptcy petit                                  | ion preparer or                           | the office                     | er, princi                                                       | pal, respoi                                             | nsible person, or partner of                                                | a ba                                                                                   | nkruptcy petition preparer;                                            |  |
|                                                | firm prepared there as required b                 |                                           |                                |                                                                  |                                                         |                                                                             | ie No                                                                                  | tice to Debtor by Bankruptcy Petition                                  |  |
| prepare                                        |                                                   | I or my firm no                           |                                |                                                                  |                                                         |                                                                             |                                                                                        | services that bankruptcy petition<br>any document for filing or before |  |
| Printed r                                      | name                                              | <u>,</u>                                  | Title, if any                  | /                                                                |                                                         | Firm name, if it applies                                                    | _                                                                                      |                                                                        |  |
| Number                                         | Street                                            | · · · · · ·                               |                                |                                                                  |                                                         |                                                                             |                                                                                        |                                                                        |  |
| City                                           |                                                   |                                           | State                          | ZIP C                                                            | ode                                                     | Contact phone                                                               |                                                                                        | _                                                                      |  |
|                                                | y firm prepared<br>all that apply.)               | the documen                               | ts checke                      | ed belov                                                         | v and the                                               | completed declaration is                                                    | mad                                                                                    | le a part of each document that I check                                |  |
| U Volu                                         | untary Petition (Fo                               | rm 101)                                   |                                | ☐ so                                                             | hedule I (Fo                                            | orm 106I)                                                                   |                                                                                        | Chapter 11 Statement of Your Current Month                             |  |
|                                                | tement About You                                  | r Social Security                         | Numbers                        | ☐ so                                                             | hedule J (F                                             | orm 106J)                                                                   |                                                                                        | Income (Form 122B)                                                     |  |
| _ `                                            | (Form 121)  Summary of Your Assets and Liabilitie | ets and Liabilitie                        | es and                         | Declaration About an Individual Debtor's Schedules (Form 106Dec) |                                                         | Inco                                                                        | Chapter 13 Statement of Your Current Month Income and Calculation of Commitment Period |                                                                        |  |
| Certain Statistical Information (Form 1        |                                                   | Statement of Financial Affairs (Form 107) |                                |                                                                  | (Form 122C-1) Chapter 13 Calculation of Your Disposable |                                                                             |                                                                                        |                                                                        |  |
|                                                | edule A/B (Form                                   | •                                         |                                | _                                                                |                                                         | ntention for Individuals Filing                                             |                                                                                        | Income (Form 122C-2)                                                   |  |
|                                                | edule C (Form 10                                  | •                                         |                                | _                                                                | •                                                       | r 7 (Form 108)                                                              |                                                                                        | Application to Pay Filing Fee in Installments (Form 103A)              |  |
|                                                | edule D (Form 10                                  | •                                         |                                |                                                                  |                                                         | tement of Your Current<br>ne (Form 122A-1)                                  |                                                                                        | Application to Have Chapter 7 Filing Fee                               |  |
|                                                | edule E/F (Form                                   | •                                         |                                | ☐ St                                                             | atement of E                                            | Exemption from Presumption                                                  |                                                                                        | Waived (Form 103B)                                                     |  |
| Schedule G (Form 106G)  Schedule H (Form 106H) | •                                                 |                                           | of Abuse Unde<br>(Form 122A-18 |                                                                  | u                                                       | A list of names and addresses of all creditors (creditor or mailing matrix) |                                                                                        |                                                                        |  |
| Schedule in (Form 100m)                        |                                                   |                                           | ☐ cr                           | Chapter 7 Means Test Calculation (Form 122A-2)                   |                                                         |                                                                             | Other                                                                                  |                                                                        |  |
| to which                                       |                                                   | applies, the sig                          | nature and                     | d Social                                                         | Security nu                                             | numbers. If more than one ba<br>imber of each preparer must                 | be pr                                                                                  | Date                                                                   |  |
| person, o                                      | or partner                                        | mon preparer or o                         | moer, princij                  | ipai, respo                                                      | ii iSIDIE                                               | Social Security number of p                                                 | berson                                                                                 | n who signed MM/DD/YYYY .                                              |  |
| Printed n                                      | iame                                              |                                           |                                |                                                                  |                                                         |                                                                             |                                                                                        |                                                                        |  |
|                                                |                                                   |                                           |                                |                                                                  |                                                         |                                                                             |                                                                                        | Date                                                                   |  |

B2800 (Form 2800) (12/15)

Bankruptcy Petition Preparer

## United States Bankruptcy Court District Of Case No. Debtor Chapter DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER [Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).] Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an 1. attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For document preparation services I have agreed to accept..... Prior to the filing of this statement I have received......\$ Balance Due......\$\_\_\_\_\_\_ 2. I have prepared or caused to be prepared the following documents (itemize): and provided the following services (itemize): 3. The source of the compensation paid to me was: Debtor Other (specify) 4. The source of compensation to be paid to me is: Other (specify) The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation 5. of the petition filed by the debtor(s) in this bankruptcy case. To my knowledge no other person has prepared for compensation a document for filing in connection with 6. this bankruptcy case except as listed below: NAME SOCIAL SECURITY NUMBER Signature Social Security number of bankruptcy Date petition preparer\* Printed name and title, if any, of Address

<sup>\*</sup> If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.